

THE MEDICAL AND SURGICAL REPORTER.

No. 1337.]

PHILADELPHIA, OCTOBER 14, 1882.

[Vol. XLVII.—No. 16.]

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

CASE OF TYPHOID FEVER.

BY E. T. BLACKWELL, M.D.,
Of Philadelphia.

The following case is reported because of the symmetry and fullness of all the usual symptoms; of some interesting phenomena connected with the brain and the digestive organs, and the remedial influence of the drugs used, some very freely, and others with exceeding reserve.

B. H. was affected with the usual prodromata of fever during March 24th, 25th, and 26th, and had decided paroxysms on the 27th and 28th. At noon on the latter day he was perspiring; his tongue was heavily coated white; the bowels sluggish; the pulse beat 90 per minute. He was under the influence of quinine, which was continued. He was to take, alternately with it, a diaphoretic mixture and one grain calomel till the bowels were opened.

At 8 A.M. of 29th the pulse marked 84; and at 5 P.M. 90. The patient complained of heaviness of the head, and slight tenderness and tympany of the bowels.

30th, 8 A.M. Skin somewhat congested; bowels tender and tympanitic; legs drawn up; bowels still closed; tongue white, with papillæ shining through; pulse 90; has had epistaxis. At 5 P.M. the pulse marked 92, and the temperature, then first taken, was 105°. There was more epistaxis during the afternoon. At 9 P.M. the pulse was unchanged; temperature reduced to 104°; indisposed to urinate. 31st. 9 A.M., pulse 96, temperature 102.6°; tongue moist and cleaner at the tip; report of high fever toward morning;

increase of tenderness and tympany of the bowels; four liquid stools during the night. Noon, temperature 104°; 6 P.M., 103.4°; patient complains of stiffness of tongue and soreness at its tip.

April 1, 9 A.M. There have been eight liquid movements during the night; temperature, 1 A.M. 102.6°; the head is dizzy and aches slightly; pulse 93; skin dry; partially insensible to calls of bladder and bowels, and there is slight sub-sultus tendinum. Ordered Hope's Mixture, c. m. h. t. 2 P.M., there is intolerance of light and sound; one evacuation since morning. 4 P.M., temperature 103.6°; 7 P.M., 105.2°, and pulse 96. April 2, 2 A.M., temperature 104.1°; 8 A.M., 103.6°, and pulse 92; four movements in last 24 hours; there are no rose-colored spots; talks considerably, both waking and sleeping. 1 P.M., three movements since last report; tongue clean at tip, and moist, showing enlarged papillæ; head comfortable while in repose; pulse is weak; no apparent fever. 6 P.M., temperature 104.4°. 3d, 8 A.M., very thirsty, and restless during the night; talks incoherently; pulse 82; to take iodide of mercury, in accordance with suggestion of Liebermeister, in *Ziemssen's Cyclopædia*—hydrarg. protiodide, $\frac{1}{2}$ grain, with small amount of opium three times daily. 6 P.M., temperature 103.6°. 4th, 8 A.M., restless and incoherent during the night; several involuntary evacuations; at 5 A.M. he took $\frac{1}{2}$ grain morphia, and was afterwards quiet, but arose for a stool, of the pea-soup variety; keeps his knees drawn up, which tremble if unsupported; tongue tremulous and difficult of protrusion; pulse 92; at 3 P.M., 98, and temperature 103.6°; bowels having been many times moved, took $\frac{1}{2}$ grain mor-

phia, after which they were quiet; no red spots yet visible; abdomen moderately tender. 10 P.M. temperature 102.8°. 5th, 1 A.M., temperature 103.2°; 8 A.M., pulse 100; at noon, 104; the ears, which have been cold, are warm; nose still cold; sordes on lips; twitching of tendons; two movements in 24 hours; a few rose-colored spots are seen on the abdomen; has had morphia at intervals of 5 and 8 hours; rested well during the forenoon, but was occasionally noisy and incoherent; temperature 103.2°; 1 P.M., 103.4°; complains of pains in chest; and auscultation reveals sibilant and crepitant râles; a mustard poultice relieved the symptoms. During the week salicin has been used, as an antipyretic. To take, for the bowels, and to calm restless-

R.	Bismuthi sub-carb.,	3j
	Spts. æth. comp.,	
	Glycerin.,	aa
	Mist. amygdalæ,	3iv. M.

A tablespoonful every two hours.

The iodide of mercury, which produces its typical effect on the liver, was discontinued.

4 P.M. The patient has a fixed eye, and the muscles stiffen, as if for a general convulsion; the ears and body generally cool; pulse 102; temperature 102.6°; respirations 33.

6th, 9 A.M. Patient, while restless at times, throwing himself about and talking irrationally, upon the whole, rested well, and slept considerably. The bowels were quiet, and he asked for the urinal when it was needed; took his mixture, with a teaspoonful of brandy, every hour; temperature 101.2°; pulse 98; tongue moist, clean at tip, and cleaning in flakes upon its general surface; tympany and tenderness unchanged; surface cool; no thirst; three movements; had emplastr. picis to chest.

7th. Woke perhaps every fifteen minutes, showing some aberration till fully awake; not restless; bowels moved once; pulse 105; respirations 34. At 1 A.M., temperature 101.8°. The fits of nervousness are preceded by flushing of the face. The surface is cool. 2 P.M., pulse 96; at 4 P.M. 106, and temperature 103°; the face, neck and ears have a purple flush; there have been two evacuations during the day; he has been very restless, and full of tossings; his speech is incoherent and indistinct; his head aches, and the exacerbations of fever are preceded by coldness of extremities and of the body generally; his tongue is protruded with difficulty; the buccal mucous membrane and tongue are covered with mucus; the pupils of the eye are dilated, but respond to light; very

restless. To take 5 grains salicine every 2 hours and continue the mixture; in the night was very nervous and out of his mind. 8th, 8 A.M. Has been very restless all night; the bowels moved three times; his pulse is fuller than for two or three days past. At 8 A.M. he commenced to sweat, the pulse being 91, and the temperature 102.2°. The eyes respond well to light; the mind is rational when concentrated, wandering when not; raises his body suddenly on his head and heels. 8 P.M., pulse 96; temperature 103°; respirations 24; took morphia, grain $\frac{1}{2}$; salicin omitted. 9th, 4 A.M., rested pretty well, becoming uneasy about two hours since, when morphia, grain $\frac{1}{2}$, again produced tranquillity. 5 P.M., temperature 102.6°. 10th, 4 A.M. Has rested quite well, taking morphia at midnight; had a stool of good consistence, and makes considerable urine; the appetite is good; temperature 102.6°. 2 P.M., is very restless and incoherent; thinks he is in two pieces. 5 P.M., took morphia and camphor water; temperature 103.2°; rested well during the night. 11th, 5 A.M., pulse 90, of good volume and good resistance; temperature, 1 A.M., 101.8°; at 12.30 P.M. the same. Taking—

R.	Elix. ammon. valerianat.,	
	Tinct. cinchon. comp.,	aa. 3ss
	Aq. camphoræ,	3ij. M.

Once every hour. Has had two movements. 12th. Rested well during the night, without morphia; temperature, 1 A.M., 101.4°; one movement; is perspiring; calls often and importunately for milk and fruit juices; took tablespoonful of ice cream. 2 P.M., temperature 101°; has chilliness followed by fever and some delirium. 13th, 9 A.M., patient rested well, except at short intervals; took $\frac{1}{2}$ grain morphia at 5 A.M.; pulse 98; face slightly flushed; bowels once moved; temperature in the night 101°; in the afternoon he was cold, and fever and restlessness followed. 5 P.M., temperature 102°; took $\frac{1}{2}$ grain morphia and resumed salicin during the height of the fever; bowels again moved. 14th, restless, wakeful and delirious during the night; took morphia, grain $\frac{1}{2}$, at 1 A.M.; fever reported high. 12.30 P.M., temperature 102°; 5 P.M. the same; denies his identity and declares that he has a plurality of mouths; bowels moved; is to replace salicin with quinine and have half teaspoonful officinal solution of morphia when required; became restless about midnight, but did not take the solution till 4 A.M. 15th, 6 A.M. Sleeping since taking anodyne; pulse 91. 12 M., the same; temperature, noon, 102.3°; 5 P.M., 102.1°; 9 P.M., 100.8°. 16th. Rested well, taking

$\frac{1}{16}$ grain of morphia at midnight; quinia exchanged for Huxham's tincture of bark, to which was added the almond mixture and nervous sedatives; pulse 98; temperature at midnight 101.6°; 4 P.M., same; quinia resumed, as it seemed to have a favorable effect on the head symptoms; doubtless by reducing temperature. 17th. Has had a good night; pulse 84; temperature, 1 A.M., 101°; 2 P.M., 102.6°; pulse during afternoon 98. 18th. Rested well, taking $\frac{1}{16}$ grain morphia at midnight; pulse 90; temperature 101°; pulse and temperature unchanged during the day. 18th. Very restless until midnight, when morphia, $\frac{1}{16}$ grain, was taken; pulse range for day 90 to 95, temperature, 4 P.M., 103°. 20th. Rested moderately without morphia; perspiring in the fore part of the night and sweating freely in the morning hours; pulse 96; makes urine frequently, but the bowels have been rather close. To take 10 grains of quinine during exacerbation. Temperature, at 2 A.M., 103.6°; 4 P.M., the same; as also at ten; pulse 105. 21st. Pulse range for day from 92 to 98; temperature 102; passes vast amount of urine and is slightly indifferent to calls; had a costive stool. 22d. Very restless during the day; always indicates when he needs the urinal; respiration irregular, the breath being suspended several seconds at every third or fourth act; has had a very dry, hard stool; took $\frac{1}{16}$ grain of morphia, but continued restless till 3 A.M. His pulse then 92. Drinks less and voids less urine. Takes elix. valerianate of Ammonium, $\mathfrak{m}\text{xx}$, Huxham's tinct., $\mathfrak{m}\text{xl}$, brandy, $\mathfrak{z}\text{ij}$, every hour. 6 P.M., respiration 20; regular; sleeping naturally; pulse 104; 9 P.M., 94; has had, unconsciously, a copious motion of the bowels, followed by a less one. Took a few doses of tincture krameria, and resumed bismuth and almond mixture; the patient rested well, the bowels giving no further trouble. The urine, which contains neither sugar nor albumen, continues very abundant; the calls very frequent and brooking no delay; pulse range from 96 to 102; temperature 102.2°. To take 6 grains of quinine per diem. 24th. Rested fairly, sleeping, especially towards morning, when he perspired for several hours; had two white, rather costive stools. Range of temperature 99.4° to 101.6°; sat up while his bed was made. 25th. Symptoms much as yesterday. 26th. A good night; one consistent motion; sweated freely during all the morning hours; temperature 98° to 101.6°. 27th. Repetition of yesterday. Taking the valerianate and Huxham's tincture. 28th. Costiveness continues; temperature 99°, pulse 84 to 90. 29th. Fever mostly gone; made two ineffectual

attempts at defecation. To take pulv. rhei; at noon had great pains from the constipation, and from the straining for its relief, becoming very wild and ungovernable. By means of an enema of yolk of eggs and ol. ricini, with some manual assistance, the hardened masses were removed. To take elix. pepsin, bismuth and strychnia, and elix. valerianate of ammonia, alternately with syr. rhei aromat., every two hours.

30th. Temperature about normal; pulse 80; ordered—

R. Ext. nuc. vom. fl., $\mathfrak{m}\text{xv}$
Elixir gentian cum ferri., $\mathfrak{z}\text{ij}$. M.
Sig.—A teaspoonful every three hours.

May 1. Was restless in the night, but was relieved by aq. camph., of which he has taken a tablespoonful every two hours during the greater part of his sickness; his bowels have moved freely, and without great difficulty, although the constipation still continues in a moderate degree. Directed.

R. Pil. ferri protocarb., $\mathfrak{z}\text{ij}$
Ext. nucis vom., alc., \mathfrak{aa}
Ext. gentianæ alc., \mathfrak{aa} $\mathfrak{z}\text{ss}$. M.
Ft. pil. no. xl.
Sig.—Take one every three hours.

From this period his convalescence has been very rapid, his appetite being acute, and his digestion exceptionally good.

Attention is invited to the moderation, both in the frequency and range, of the pulse; to the remarkable vigor of the digestive organs; the amount of nutriment for many days being three quarts of milk, a whipped egg, and twelve ounces of almond mixture. The digestive power was equal to these extraordinary demands, except on one occasion, when the nurse acceded to his urgent demands, and gave, for the day, besides the almond mixture, a liberal amount of fruit juices, three eggs, and over four quarts of good milk. The resultant trouble was temporary, and not without its good effect in restraining his inordinate desire for food. The control of the disease by the remedies employed was rather phenomenal; the nervous symptoms being promptly ameliorated, the diarrhoea held in check, and the temperature kept within safe bounds. The final constipation I have before encountered, and it is probably due to loss of power in the muscles engaged in the peristaltic act.

—The Russian physician, Dr. Yavorski, who was in attendance on the late Ameer Shere Ali, will shortly publish an account of his journey in Central Asia.

LACERATIONS OF THE PERINEUM.

BY D. M. BARR, M.D.,
Of Philadelphia.

Read before the Northern Medical Society of Philadelphia.

I am to address you to-night upon the subject of the lacerated perineum. This is a subject upon which much has been ably said and written. The operation for its relief, has been so often and so accurately described, in works upon gynecology, as well as in reported clinics of prominent operators and specialists, that there would seem to remain but little of interest to offer you; and yet a matter of so great influence for good or evil to our race must be of some interest, by whomsoever considered, since every observer must view it in some new light.

In the hope, then, of encouraging some brother physician to offer to [the suffering within his influence this simple but wonderful comfort, I will give you faithfully the subject as it has come to me.

My attention was first called to the operation for uniting this laceration by Prof. Agnew's paper, published in the Pennsylvania Hospital reports for the year 1868. The operation is here graphically described and beautifully illustrated; but I observed that, though the operation was advised by one whom I considered the best obstetric teacher of the day, yet it was performed only by a distinguished surgeon, with a strong corps of assistants. The operation seemed far beyond my reach. And some years later, when I saw my neighbor, an aged lady, obtain a new lease of enjoyable life, having for years been a miserable invalid, a burden to her friends and a loathing to herself, I thought the operator something more than man. But later one of my patients suffered more than I was accustomed to see, from a slight rupture. I asked a professor to operate; and my astonishment was great in seeing simply a paring of the mucous membrane surrounding the laceration, and bringing the pared surfaces together by the shotted silver suture, much the same as I had pared and brought in apposition the edges of the lacerated lobe of the ear, occasioned by the ear ring having been pulled through. I saw one beautiful operation by Prof. Goodell at his clinic, and took notes. I had no hesitation, thereafter, in doing the operation myself, modified according to circumstances and later teachings, and have never had reason to regret the undertaking.

Of the different steps of the operation I shall

not speak, having nothing original to offer. I will say, let the clear and reasonable teachings of Emmett and Goodell, or others, be definitely and absolutely observed, in detail, and success, in all reasonable measure, must result. "Follow your guide and fear no evil," and your patients, perhaps too poor to obtain the services of a specialist, and too proud to accept charity, will pay you, and bless you for doing your own proper work.

I have no doubt many who commenced work as early as 1863-4, could to day give an experience somewhat similar to that which I will now relate.

In the year 1865 I was consulted by a lady who complained of continual diarrhœa, with inability to prevent the escape of flatus from the bowel. Upon inquiry I discovered a prolapsed uterus, and a ruptured perineum, involving the recto-vaginal septum slightly. What could I do. I then had never heard of the operation for relief. I simply replaced the uterus and supported with as small a pessary as possible, soothed the irritability of the parts by local applications, and held the bowels constipated as best I could; even for this she was grateful. Years afterward she was carrying out the same treatment, and refused my proffer to operate.

In the year 1870, I was accosted on the street by an elderly lady friend, fifty-five years old, whose misery was apparent in her countenance: "Doctor, what in the world can I do; I am in great distress; every step I take is in pain, and has been so for years." I gave her hopes, and upon inquiry, found a ruptured perineum, with a retroverted uterus. I told her of the operation for radical cure, also of the comfort a pessary might give. She chose the latter, and was greatly relieved; almost a new life was hers. I gave her directions concerning injections for cleansing, and bade her good bye. Five years thereafter she returned to me, in great misery again; I had used the soft rubber ring pessary; the rubber had decomposed in parts; the steel spring, exposed in places, had imbedded itself in the flesh; with great difficulty it was removed, the parts cleaned, and stimulating and disinfecting applications made to the parts. It was wonderful how speedily, and with what little annoyance or constitutional effect the trouble was remedied. The parts being healed, she again declined the operation, and a hard rubber pessary, as small as suitable, was used; this she wore with much comfort, until another five years, when she returned, the ring failing to support the parts; the ring was removed; the parts entirely normal, but relaxed. I

now strongly urged an operation, to which she assented, and last August the operation was performed, resulting in perfect union, and she is now enjoying a comfort unknown since the birth of her first born, twenty years before.

Last summer, a lady called upon me; she had been my patient since her marriage; some six years ago, at her first labor, in my absence (upon which I congratulate myself), she received a bilateral laceration of the uterus, also a rupture of the perineum.

In vain were all efforts to control the congestions and granular inflammations of that uterine neck; notwithstanding, a second child was born to her four years ago; her only comfort was while in gestation. During October of last year, assisted by Drs. Groff and McCreedy, the operation for laceration of the cervix was done, one week after which she had her first *painless* menstruation since the birth of her first child. On Saturday, November 7th, 1881, assisted by Drs. Groff and Heilman, the operation for laceration of the perineum was done; stitches removed on Wednesday, with every evidence of perfect union. And I am happy in being able to say a satisfactory result has thus far followed all the cases in which I have performed the secondary operation, encouraging me to repeat that, with close attention to details, as already laid down in the books, the operation may be performed, with every confidence, by any experienced obstetrician. I will say further, for the encouragement of those who may be short of assistants, in at least three other cases for whom I have operated, the only persons in the room were the patient, the nurse, Dr. Groff and myself.

But a matter of greater importance to every individual physician is the primary operation. This operation comes as an absolute demand upon every one who assumes to direct the act of parturition. The question of the proper support of the perineum is no longer dwelt upon in our schools, as formerly; indeed, in some it is not taught at all, the direction being, "If the head be delayed, place the forceps and pull it through, a few stitches will make it all right." How different this from the instructions I received; how well do I remember my respected teacher, in his lecture on the support of the perineum, folding a napkin to a soft, smooth surface, and placing it upon the distended perineum of a manikin, assuming a position to support against the advancing head. Gentlemen, said he, his face reflecting the anxious interest which should be felt at the moment when the future happiness and comfort of a suffering woman is staked

upon rupture or no rupture, "how long should you hold your position here?" "I answer, one hour, two, three hours, if needed, until this head is extruded and this perineum saved. Remember the law; every perineum will properly distend, if time be given to prevent rupture." This early imbued attention to the perineum has saved many a one under my care. But in the light of our present knowledge it may be carried too far. Then, with ruptured perineum, we *bandaged the limbs* and *HOPED*; now we *STITCH*, *bandage* and *EXPECT*.

The question of "How long shall we wait," takes a new point of consideration. The condition of the child and mother comes earlier into the account. The powerful contractions which press the bones out of shape, and force the head into a long, projecting bog of congested blood and serum, must endanger the life of the child. I have seen, while faithfully carrying out directions "to wait at my post," a consulting physician draw a dead child through a ruptured perineum—a child lost, and the perineum not saved either. This was one of my earliest cases. I have often, since, thought how much better to have applied the forceps in time to save the child, perhaps, and spared the woman all that long agony. This was before I learned what I now so well know, that a light stage of anæsthesia, long before the profound sleep, would have spared all the pain, and added to the probability of an early delivery.

I can only answer the question of how long to wait, by the suggestion, where mother or child give evidence of exhaustion, apply the forceps, and consent to rupture the perineum.

And now, the perineum ruptured, what is to be done. It must be stitched. First, to protect the system against the probability of absorbing the vitiated secretions through a large, lacerated, absorbing surface. Second, to insure against the miseries pertaining to the lacerated perineum.

Again I will pass over the steps of the operation; they are to-day common property, "known and read of all men." My purpose is simply to encourage others to do the work; better teachers than I have studied and taught the details. I will only say, when carefully carried out, I have never failed to see satisfactory union follow.

As a part of my experience in the primary operation, and as a warning to do the work *well*, I give you my first case, a difficult labor, a consultation. Babe delivered through a ruptured perineum, and we placed two stitches. I knew nothing of the operation, and I soon discovered the attending physician knew but little more.

The parts were not carefully coapted, and failed to unite, but I hoped, at least, for as good a condition as might have been expected without stitches. I believe even this failed. The patient got up and about, but the parts discharged offensively, the system failed to strengthen, and in consequence of a further evil from exposure to sewer gas, an erysipelatous condition set up in the parts, with diphtheritic patches; in three days she died.

I will now give you my last three cases of primary operation:—

CASE 2. Patient under my own care; primipara, young and strong; pains very vigorous; waited two hours; then, to save the child, placed the forceps and delivered; cord had been round neck and compressed; child breathed for a time, but finally ceased to breathe, after some eight hours. Perineum was stitched and made perfect, which remained intact through a second labor and birth of a large, healthy child.

CASE 3. Patient thirty years old; primipara; parts firm and resistant, and head on perineum nearly one hour; explained to family the danger and the remedy; with their consent, delivered a healthy babe through a ruptured perineum; stitched and obtained perfect union.

CASE 4. Patient forty-five years old; primipara; head delayed one hour; instruments were applied, with consent of family, and a very delicate child delivered in good condition, through a ruptured perineum, which was stitched and united perfectly.

In conclusion, I have the pleasure of saying, of the four last referred to cases, all but the first enjoyed the comfort of anaesthesia in their labor. That while they were unconscious of pain, they were never in profound sleep, and never failed to respond promptly to a question or a suggestion. The uterine contractions continued vigorous and regular throughout. The third stage was completed normally. There was no nausea, first or last. There was no hemorrhage, beyond ordinary, neither any other trouble. They awoke promptly, upon the withdrawal of the anaesthetic, and their getting up was without an untoward event; so far from being troubled by the operation for the laceration, neither of them knew of it until they were told; the last (No. 4), only when I came to remove the stitches, four days thereafter.

I have, therefore, to advise the forceps and the instruments for primary operation present at all cases of labor, especially in primipara, and to make the support of the perineum secondary to the welfare of the child.

ON THE FATAL INFLUENCE OF ANÆSTHETICS IN DISEASES OF KIDNEYS.

Abstract of a paper read before the Surgical Section of the American Medical Association, 1882,

BY LAURENCE TURNBULL, M.D.,
Of Philadelphia.

The writer dwells upon the great importance of attention to the condition of the kidneys by an examination of the urine when an anaesthetic is to be administered in a serious operation, or when a fatal result may be anticipated. The subject has not been dwelt upon with sufficient earnestness by surgical writers, or in works on anaesthetics; the first publication on this subject was by Dr. Emmett, of New York. The writer's attention has been drawn to this subject most recently, by finding that many deaths unaccounted for in any other way were due to this cause.

In the author's work (1879), he published "that the most dangerous condition in which to administer an anaesthetic is when there is renal disease, the blood being loaded with urea."

Again, before this Association, in 1880, it was stated by him, that it is now a well recognized condition, that in disease of the kidneys anaesthetics almost invariably produce coma and death.

He enumerates a considerable number of deaths from this cause, and some of them only of very recent occurrence. Also cases of death from chronic albuminuria, from twenty-four hours to eighteen days after the use of ordinary ether, as well as when hydrobromic ether was employed, but very few cases from chloroform.

After writing the above paper (March 1882), he received from Dr. Wm. F. Norris a pamphlet, in which was reported two cases of death supervening unexpectedly, after operations for cataract, which occurred in his practice (see full details in his pamphlet).

They presented four features in common: 1st. They were both anaesthetized with sulphuric ether; 2d. They entirely recovered consciousness; 3d. They died comatose, one in a few hours, the other eighteen days after the operation; 4th. In both cases a careful autopsy revealed no organic lesion, except Bright's disease of the kidneys.

The above cases before narrated, with those of Dr. Emmett's six cases of death, occurred from uræmic poisoning, while Drs. Wm. Hunt and Montgomery each had one case, verified by post-mortem examination. These go far to prove its fatal character, and need not have occurred if a proper and careful examination had been made of the urine before the anaesthetic had been given.

Dr. Agnew states, in his surgery, on the supposed contra-indication, "Ether may be given with impunity to persons suffering with renal disease;" but in his cases has he had any post mortem, to prove that death was not the result of kidney disease? As well remarked by Dr. Norris, "because fatal results do not follow in all cases, we have no right to shut our eyes to those where the employment of anaesthetics apparently leads to fatal disturbance of the renal functions."

The kidneys are the active agents in eliminating the ether from the blood, and if they are unable to perform this office, and the skin is cold, moist, and inactive, death will supervene by accumulation of mucus in the lungs, or congestion of the brain, in true Bright's disease of the kidneys.

A CASE OF TETANUS—RECOVERY.

BY W. B. POWELL, M.D.,
Of Natchitoches, La.

So far as noticed, there are three general indications for the treatment of tetanus:—

1st. To remove any local irritation which may appear to have excited the disease.

2d. To lessen the general irritability and spasmodic tendency.

3d. To restore the tone of the system.

If a thorn or any foreign substance be lodged in any part it must be extracted.

After an amputation, any spicula of bone which may have brought on the disease should be removed. A punctured wound should be dilated or cauterized, or a nerve divided, as the case may be.

On the morning of June 5th, 1877, Mr. C. B. T. came into my office, and consulted me in regard to his cook, a young woman, aged 19 years.

After closely questioning him, he *did* manage to tell me "she had a pain in her left shoulder and back;" her bowels were constipated.

I prescribed a cathartic and quinine, presuming the pains were due to malarial fever. At five o'clock of the same day he returned, and remarked that Miss B. (the patient), still suffered. I gave him a sedative, and told him to bring her to my office the next morning (the 6th).

Promptly at the hour appointed the patient came to my office. I asked her to tell me her exact condition. Upon her attempting to speak I observed, to my great dismay, the characteristic "sardonic grin," which so well marks tetanus. It was not until then that I found out her true condition. This young woman, ten

days previous to my first prescription, stuck a large splinter in the centre of the plantar surface of her right foot, to the extent of three-fourths of an inch; she tried to get it out, but did not succeed, so allowed it to remain, thinking it would "work out." Upon examination, I found the wound closed, and very painful on pressure, causing a severe prickling sensation. I enlarged the wound, and removed the splinter, and seared the part well with a small iron rod (one eighth of an inch in diameter), brought to a dull red heat. Severe tetanic spasms, to an alarming extent, at nine o'clock that night, which I quieted somewhat with chloroform inhalations. I remained with patient till morning. Ordered—

R. Choral hydrat.,	℥ ij
Sulph. morph.,	gr. ss.

which caused her to rest for a couple of hours, at the end of which time her bowels moved from the cathartic given two days before; she then slept one hour, when she was awakened by a spasm. I ordered ℥ j sulph. quin., dissolved in brandy and warm water, thrown into the bowels, also a hypodermic injection of $\frac{1}{2}$ gr. morph. and 5 grs. chloral; left her asleep half an hour after. Morning of the 7th, 4 o'clock, ordered brandy ℥ j, chloral ℥ j, every hour, and the room kept warm and dark. I returned at 9 o'clock of the same morning; found my patient asleep, slight twitchings, jaws a little relaxed but somewhat stiff. Made no change in treatment; returned at 7.30 P. M.; found patient worse; had had spasms all afternoon; some fumbling, meddlesome person came in, opened all the doors and windows, which caused a great draught to blow on the patient, and at the same time ordered "Cockroach tea." I increased the dose of chloral and brandy, with an enema of ℥ j sulph. quin. and morph. $\frac{1}{2}$ gr. Patient slept until 2 o'clock, A. M. (8th), when menstrual flux made its appearance. From that time the paroxysms became lighter, until the morning of the 13th, when she concluded to step out of doors. This piece of imprudence caused her trouble for a day or two. During the whole of the treatment I kept up strictly the third indication, restoring the tone of the system by wine, iron, quinia and diet. On the 25th of the month I discharged the patient, well.

I want to say a word in regard to "Cockroach tea." I was highly amused at the idea, and thought I would experiment a little.

The following is the formula: One dozen fat female cockroaches, put into a pint of boiling water (after being bruised), let stand a couple of hours, then strain well, add two tablespoon-

fuls of brandy and $\frac{3}{4}$ of crushed sugar; stir till thoroughly dissolved. Of this filthy stuff my patient was made to take two tablespoonfuls every hour. I being away upon one occasion, my chloral mixture was neglected for a whole day—discontinued—owing to carelessness, and during this time the “cockroach tea” was kept up by the “grannies.” Upon calling next day I found the patient doing well.

Gentlemen of the profession, I ask, is there any virtue in the cockroach (male or female), or its active principle (*Blattiden*), in the treatment of tetanus?

A CONVENIENT ASEPTIC NEEDLE FORCEPS.

BY WILLIAM A. BYRD, M.D.,
Of Quincy, Illinois.

About two years since, when operating upon a cleft palate, I became satisfied that too many instruments were used, and more particularly was I dissatisfied with the number of handled needles necessary. To overcome this difficulty I had a pair of forceps made, similar in some respects to the one in the cut. By using a common trocar-pointed needle, from one-half to five-eighths of an inch in length, to carry the suture, with forceps bent at an angle, as in the cut, I found that I could pass the needle and then reverse the point and pass it through the opposite side of the palate from above, much more readily and quickly than the same suture could be carried by any handled needle with which I was acquainted. I have since used it in operating for cleft palate, laceration of the cervix uteri, and, in fact, all kinds of operations where needle forceps were needed, with great satisfaction. Being fastened with a slide catch, they are worked by the same motion of the hand that the surgeon is used to



in using the common slide catch artery forceps. The wedge shape of the slide (C) permits the use of needles of varying size, and of their being

gripped as tightly as necessary. One side of the jaw (B) has serrations, while the other (A) is faced with pure copper, which does not wear out so quickly as white metal. Being made of metal, they are not so bulky as forceps with wooden handles, and will not absorb septic matters, as the porous wooden ones do. The handles being file cut, are no more liable to slip in the hand of the surgeon than the more unwieldy instrument. I had several pair made before I got just what I wanted, but the accompanying cut represents the forceps as made by Mr. William Snowden, of Philadelphia. I do not wish a better instrument.

HOSPITAL REPORTS.

NEW YORK HOSPITAL.
CLINIC OF PROF. W. H. DRAPER.
Reported by H. H. SEELYE, A.M., M.D.

Rheumatism.

This case which I now show you, gentlemen, has already passed its most interesting period, but as it illustrates very well a very common disease, I will have the history read, and then I wish to make a few remarks.

History.—Patient is a young woman, 17 years of age, and is a native of Ireland. Does not use alcoholic liquors, gives no history of syphilis, and has never before had rheumatism. She does not know of any rheumatism in any of her family, except that an older sister has had two attacks. She herself has always enjoyed good health until December 2d, when she was attacked with pain in her shoulder, and afterwards in her knees, ankles and wrists. This was followed by swelling and great tenderness of the joints; and this was her condition at the time of her admission on December 8th. Her pulse was 90 per minute, respirations 16, and temperature 102.2°. Her urine was normal in amount and contained no albumen or casts; specific gravity 1.026. She is well nourished, and looks healthy, but her ankles and wrists are swollen and tender. The apex beat is felt in the fifth intercostal space and a little to the left of the line of the nipple. There is a systolic mitral murmur heard at the apex. The lungs show nothing abnormal, and the liver is of the usual size. Her bowels are regular. She says she had not been exposed to cold or wet before the attack.

This, gentlemen, is a very typical history of an acute inflammatory rheumatism, or as it is sometimes called, a rheumatic fever, occurring in a young, healthy girl, seventeen years of age. The first point in the history that attracts our attention is the fact as to heredity. She says she knows nothing of this disease in either of her parents, but she has one sister who has twice had attacks of rheumatism. This is sufficient, however, to show a tendency in her family to this malady; and you will almost always be able to find in the family history of a patient with rheumatism something to justify you in the opinion that there is a family inheritance of this

affection. In some families this is very marked. Where one or both parents have been subject to gout, you will sometimes find that the children are liable to suffer from acute articular rheumatism, that is to say, from attacks of true rheumatic arthritis. There seems to exist in the children of gouty parents a special tendency to vulnerability of the joints; and that particular form of catarrhal inflammation which is liable to follow from exposure to cold and wet, and to settle in some vulnerable part of the body, is very apt to be developed in these children.

The next point to be considered is the question as to what was the exciting cause in this case. There appears to have been no very striking cause here, for the attack came on suddenly, without any previous imprudence on her part. But you will usually, in young people, get a history of exposure to wet or cold. And the same conditions will also give rise to this as are liable to provoke a bronchitis, pleurisy or pneumonia. When, on the other hand, you come to adults, you will find that there is often something more than exposure to account for these attacks. For you will find them common in persons who have been given to excessive indulgence in malt liquors and wines, and in whom there exists, in consequence, a defective or perverted nutrition. Sometimes there is a distinct traumatic character in the etiology. And this is especially the case among the laboring classes and with those whose occupations necessitate fatigue of the joints. Such, then, are some of the exciting causes of rheumatism, and the predisposing causes are family inheritance, and the existence of a rheumatic habit of constitution, the acquisition of which may be accelerated by a vicious course of living.

The next point to which I will call your attention is the symptomatology, as it was demonstrated by the history of this case. She does not appear to have been very acutely attacked, for she had no chill, and the first symptom which she developed was pain in the shoulder, and then in the knees, ankle and wrist. And this was followed by swelling of the joints, and when she came in they were very tender and painful, and she had a moderate degree of fever. Since she was brought in the temperature has at no time risen to as high a point as it then was; and although she was then suffering very acutely, as soon as she was put to bed and the joints were protected and kept from moving by the crib which you now see, the pain subsided markedly, and she has since been free from suffering, and is now fairly comfortable.

In the history of her symptoms at the time of and since her admission, special note was made of the condition of her heart. This was done because in this disease you have always to fear cardiac complications; and you should, therefore, never omit to make frequent and careful examinations of the chest in every case of rheumatic fever which comes under your observation; for sometimes the onset of this complication is insidious, and it requires on your part special attention to the objective signs, in order to detect it at the earliest moment possible. Now this young woman had, on her entrance, a systolic murmur, heard most distinctly over the

mitral valves and transmitted thence to the apex, and also to the other regions of the heart. But it was a murmur of no great intensity, and there was no accompanying enlargement of the heart, and no signs of pulmonary congestion, and no irregularity of the heart's action, nor any signs of endocardial disease other than the murmur. Now, therefore, the question arises, whether, in such a case, we have, in the mere presence of a murmur, sufficient evidence on which to base a diagnosis of cardiac disease, with a valvular lesion. As I told you not long ago, you must always seek for other subjective and objective signs in order to diagnose the existence of an organic disease of the heart; for a murmur alone is not a sufficient evidence. But in this case there were no conditions present to suggest a cardiac complication. For there was no dyspnoea, or præcordial distress, and no irregularity or unusual frequency of the pulse, and no palpitation or enlargement of the heart, and nothing but a soft murmur heard over the mitral orifice and transmitted to the apex, to suggest an endocarditis. Now, is it fair, under such circumstances, to say that the patient has endocarditis, or ought we to treat her for such a disease? There was a time when a murmur was considered as sufficient evidence of this complication, and blood letting was the appropriate remedy. So M. Bouilland was in the habit of bleeding a patient whenever he found a murmur; and when he did not find one, he bled the patient for the disease itself. And as a result, in his statistics on rheumatism, the proportion of cardiac complications was very much larger than that of any other practitioner. So clinical observers, since his day, have been accustomed to consider that he himself caused most of his murmurs, by reason of the extensive anaemia which repeated blood-lettings produced.

But we know now that simple anaemia is not the only cause of functional heart murmurs. For in the course of inflammatory disease we can frequently get a soft murmur at the apex, and less frequently at the base. But we do not look upon this as an evidence of endocarditis, but rather as a temporary murmur depending on a temporary cause, connected in some way with the febrile state and inflammatory condition. And I believe that this is the true explanation of a good many of the murmurs heard in connection with attacks of rheumatic fever. So, as I said, unless there are some subjective phenomena besides, I do not think it is safe to make a diagnosis of endocarditis in these patients. I feel reasonably certain, therefore, in this case, that the murmur which she had on admission, but which has now disappeared, did not indicate any serious endocardial mischief. And though you must always be on the watch for such a complication, you should never, I repeat, base its diagnosis on the mere presence of a murmur.

Now, I wish to call your attention to one other murmur commonly heard with considerable intensity over the base of the heart, and sometimes over all the præcordial region, in a patient who is convalescing from a rheumatic fever. This is a blood murmur, in the great majority of cases due, perhaps, to a poverty of red globules; and there is no other acute disease which seems to

have so destructive an effect upon the red blood corpuscles as acute inflammatory rheumatism. These patients are always more or less reduced; they have extreme anemia, and this gives rise to a functional murmur, which disappears as their condition improves.

Treatment.—This young woman, after her entrance, was immediately put upon the salicylic treatment, and she was given ten grains of salicylic acid, every two hours, that is, at the rate of one hundred and twenty grains a day. And with her, as in the large majority of patients, the relief came within twenty-four hours. The pain, tenderness and the discomfort were lessened and the fever subsided, and I may say, in fact, that she entered upon convalescence within the first twenty-four hours after she was admitted. This speedy relief is not the uniform result of this plan of treatment, but it usually takes place within two or three days, at the most. I think it is fair to say that no other plan of treatment has ever been devised which is so uniformly successful as that by salicylic acid. There is another interesting fact in connection with this plan of treatment, and the alliance which is supposed to exist between acute inflammatory rheumatism and gout. For it is found that salicylic acid may be given with much success in the majority of cases of gout. And perhaps there is no other remedy, except colchicum, so good for this affection. This seems to suggest that both diseases have the same origin, and that the acid acts by neutralizing the poison upon which the existence of both depends.

Pneumonia.

The patient, Mrs. B. B., is a widow, born in Ireland, and a servant by occupation. Admitted December 6th. She has seven children, the youngest of whom is 20 years old. She is herself 50 years of age. She has never had rheumatism, malarial fever, or any other serious illness. She has recently been employed as a cook, and has been in the habit of getting up early in the morning to make the fire, and walking upon a cold, damp floor, with bare feet. So she thinks she caught cold four days before she came here, for at that time she began to feel sick, and then she became troubled with loss of appetite, nausea and vomiting, and with headache, vertigo, and a feeling of great prostration, and she could take no nourishment. For the first day or two she felt a pain across her back and between her shoulders. She has had considerable fever, and has grown steadily weaker. She says she does not use alcoholic liquors, but she drinks large quantities of tea. At the time of her admission her pulse was 120, respirations 44, and temperature 103.8°. She was poorly nourished in appearance. There was no oedema, but there was atrophy of the superficial areolar tissue about the breasts and under the clavicles. There was slight tenderness and pain upon pressure, in the epigastric and umbilical region. There was no cough and no eruption, and no intestinal gurgling or general abdominal tenderness. She at times raised a thick, viscid, rusty-colored expectoration. Upon physical examination, there was found to be but feeble respiratory movement over the right side anteriorly, and the expiration was prolonged. Posteriorly upon the right side, over the lower half

of the lung, was obtained tubular breathing, and bronchophony and dullness on percussion. There were no râles.

Gentlemen, by looking at this chart which I hold, containing the trace of her temperature since she came in, you might easily guess at the nature of her disease. It is plainly a case of lobar pneumonia. You must have been struck with the peculiar character of the patient's subjective signs at the time of her entrance. For she did not complain then of pain, and she had no cough and no eruption, and she was suffering from nothing but a high fever and the prostration which accompanied it. Without a careful physical examination, you would probably have overlooked the true cause of this fever, and you would have taken it for a continued fever. But an examination of the chest reveals a lesion in the inferior portion of the right lung. With this there was a temperature of 104°, and a correspondingly rapid pulse and respiration. This high temperature continued throughout that and the following day, and on the seventh day of the disease there was also extreme feebleness of the pulse and of the systole of the heart, and great prostration. She was put upon large doses of alcohol, to relieve these alarming symptoms, and she received eighteen ounces of whisky in the first twenty-four hours, and the same amount in the second, and in addition carbonate of ammonia and digitalis were administered, and every effort was made to increase the strength of the heart and to tide her over until the time should come for a natural subsidence of the fever. On the night of the seventh day there was a decided fall in the temperature, and on the morning of the eighth it was down to 101°, and on the morning of the ninth it was subnormal. There is no question in my mind, therefore, but that the vigorous plan of treatment pursued during the acute period of the disease saved her life.

Now think for a moment of the difference between this plan of treating pneumonia, and the treatment by depletion and blood-letting which was pursued twenty-five years ago, before the times of Todd, who was the author of the plan of actively treating pneumonia, and to whom we owe the sthenic method of treating sthenic diseases. I do not doubt, and there is abundant testimony to prove the fact, that a young and vigorous subject will go through the whole course of this disease, even though there be a pretty high temperature, safely and with no medication. But when, in any case, there is good evidence, from all the symptoms, of great prostration, then you must not hesitate for a moment to stimulate the patient, no matter what is his age, and you must stimulate vigorously up to the time of defervescence. But you must not always, after the period of defervescence has arrived, be in haste to stop entirely the stimulating treatment, but the quantity of whisky should be gradually diminished from day to day. Thus, we are still giving the patient eight ounces a day, and she is not disagreeably affected by it, and she also takes still the carbonate of ammonia at night, and the digitalis as well. You must bear in mind the fact, that a patient is always weaker at night, and you should therefore give larger quantities of stimulants then than

throughout the day. There is a sort of a physiological cycle in our vitality during the twenty-four hours, which is to be remembered. It is found that the period of lowest vitality is during the twelve hours between six o'clock in the evening and six in the morning, or more definitely, between three and four o'clock in the morning. Then during the morning the vitality rises again, and continues to do so throughout the day, until evening, when it begins to fall again. For this reason you find that the greatest reflex disturbances occur very early in the morning, and this is the period of greatest reflex excitability. So asthmatic attacks are more likely to begin at this time than at any other hour of the day, and the same is true of epileptic fits. And a physiological proof of the same thing is in the fact that the larger proportion of births, as well as the larger proportion of deaths, occurs in the early morning hours. Therefore I say that the time for vigorous stimulation is during the later and the very early part of the day, and you should moderate the amount towards midday, and again increase it at night, and crowd it especially between three and four o'clock in the morning. It is very important that you should bear these facts in mind.

Apoplexy.

The next patient was a woman, forty-five years of age, a native of Ireland, married, and with no regular occupation. Admitted to the hospital December 10th. She has never had rheumatism, or malarial fever, or scarlet fever. Gives no family history of rheumatism or paralysis. For the past two years the patient has noticed that she was passing more urine than usual, and she often had to get up during the night to empty her bladder. She has had no oedema of the feet or ankles, or elsewhere. Six months ago, about ten o'clock one morning, while she was scrubbing the floor, she was suddenly attacked with paralysis, and complete loss of consciousness. She remained unconscious all day, and when she came to herself again, she found that she could not move her right arm or leg, and there was loss of sensation over the whole of the right side of the body. But sensibility was gradually restored. She was also aphasic for the first four days, but this, too, subsided by degrees. She has had no disturbance of vision, and no hallucinations, and she has not passed her urine or feces involuntarily since her attack. But she has frequent desires to urinate, and passes large quantities of light-colored urine. Has had no bed-sores from lying constantly on the paralyzed side. She complains of pain and soreness in the occipital and posterior cervical muscles. She has a cicatrix upon the tibia, which she says is due to an ulcer which she had there two years ago, and which healed of itself. She gives no syphilitic history. There have not been any muscular spasms or twitchings in the affected limbs, but for the past two weeks there has been complete rigidity of the parts, and the muscles are steadily contracting and producing a permanent flexion of the joints. At the time of her admission her pulse was 110, respirations 20, temperature 99.8°. As to her physical condition she was poorly nourished, had no oedema, and was paralyzed com-

pletely in her right arm and leg; but there was no loss of sensibility. There was a slight degree of facial paralysis, shown by a drawing up of the left angle of the mouth, and an inability to completely close the right eye, or to protrude the tongue without a deviation of it towards one side and by a constant dribbling of saliva from the mouth. There was still considerable impediment of speech, and she could not pronounce the labial consonants correctly. She was very emotional, and would cry at the least provocation. The radial and temporal arteries felt stiff and hard. A systolic murmur was to be heard over the aortic valve. The area of præcordial dullness was increased, and the apex beat was felt in the sixth intercostal space, and to the left of the nipple line. There was nothing unusual about the pulmonary signs. The urine contained no albumen or casts.

The history of this case, gentlemen, presents many interesting points, but not so much for anything in it which is unusual, as for the fact that it illustrates the characteristic features of the disease from which she is suffering. She is a woman not yet far advanced in years, but, as I have told you before, age is not to be measured by years. If you will put your finger upon her radial artery, you will find there a better evidence of senility than her years will furnish, for it is hard and cordy to the feel. This is a condition of the arteries which is common enough in advancing years, and it is generally looked upon as a senile change, and a degeneration of the structure of the arterial walls as the result of age. But it is a question whether it is fair to speak of this simply as a senile change, and whether it is not always induced rather by causes which are independent of years and of the ordinary life of the tissues. For you sometimes see it in very young people, and it is found to co-exist with certain habits of life and with certain diseases, so that it cannot be regarded simply as a natural degeneration, and an indication that the full term of life has been reached in these tissues. It is found, for example with extreme frequency in constitutional syphilis, and perhaps the most serious consequences of syphilis is this arterial degeneration, for it is this which gives rise to the large proportion of aneurisms which occur in the deeper portions of the body in syphilitic persons. It is also a disease which appears to result from a general endarteritis in persons of a gouty habit, who are not advanced in years, but who have led what are called "fast lives," and have been accustomed to use freely fermented alcoholic liquors, and in persons who have all their lives been sufferers from that peculiar condition of the blood which is known as lithæmia, in which the blood is loaded with an increased quantity of nitrogenous products, and it therefore provokes an inflammation of the coats of the arteries. This accounts for the large proportion of stiffened blood vessels seen in young persons. The connection between this vascular degeneration and apoplexy is a very close and important one.

The history of this woman indicates that she had six months ago a cerebral hemorrhage into the left side of the brain, probably in the vicinity of the ventricles, and in the motor tract, and

in the vessels of the corpus striatum, but limited in extent, although large enough to produce a loss of power upon the right side of the body, which has not yet been recovered from. This hemorrhage may have been the result of a weakened condition of the arterial walls, or it may have been due directly to the bursting of a small aneurism, such as are liable to occur in the brain, or in other parts of the body where there is but little support to the walls of the blood vessels. These are called miliary aneurisms, and they form very readily in the cerebral tissue.

Another important point brought out in the history, and a very common occurrence in these cases, is the association with them of an enlarged heart and valvular disease. Here it was noted that the apex beat was in the sixth intercostal space, to the left of the nipple line, and the area of præcordial dullness was increased, and there was an obstructive aortic murmur with distention of the left ventricle, as is common in such cases. It is important to remember, however, that in connection with arterial disease you will almost invariably find an enlargement of the heart independent of any valvular trouble, and as a consequence of the increased power necessary for the heart to overcome the resistance caused by

this arterial degeneration. It is quite necessary, in fact, that there should be cardiac hypertrophy. But you will find very frequently, as here, that the cardiac hypertrophy and dilatation are partly the result of diseased vessels, and partly the consequence of an aortic obstruction. Another condition commonly found in connection with apoplexy and arterial degeneration is the occurrence of the fibrous, atrophied kidney, or, in other words, a chronic interstitial nephritis. The evidences of the existence of this complication in this woman have not been accurately made out. But the fact that she passes large quantities of pale-colored urine is suggestive. And though her urine since she came in has been normal as to its chemical constituents, yet I will have frequent examinations of it made hereafter. For albumen is often absent in these cases, for a considerable period, and then it appears again. So I do not feel at all certain that we have not here that triad of phenomena which is so suggestive of a tendency to cerebral apoplexy, namely, diseased arteries, cardiac hypertrophy and granular kidneys. This is a triad which you will not unfrequently meet with, but when you do meet with it you may confidently expect to see a large proportion of the cases terminate in cerebral apoplexy.

EDITORIAL DEPARTMENT.

PERISCOPE.

Treatment of Acute Chorea by Massage and Free Administration of Nourishment.

Drs. James F. Goodhart and John Phillips contribute a valuable paper on this subject to the *Lancet*. This method of treatment, as suggested by Dr. Weir Mitchell, was practiced on several hospital patients. While the success was not marvelously great, the following advantages may be claimed for it, and the authors consider it a method of treatment deserving of trial: 1. A decided increase in weight; 2. Rapid subsidence of all the more violent movements, and it has happened that after two or three days' treatment a child, quite uncontrollable, has been able to sit up in bed, in a fairly quiet mind; 3. The extremities are no longer cold, and, as a further evidence of the good influence on the circulation, the pulse falls and becomes more regular; 4. Shampooing is a powerful sleep producer. There has never been any dislike of the treatment expressed, neither has there been any dyspepsia, as might be expected from the excessive feeding.

On admission, the patient is put into a padded bed. Milk only is given for three days; during this time the movements are carefully watched, grasping and articulating power noted, and bowels regulated. If the movements show no sign of abatement, massage is begun twice daily for fifteen minutes for the first seven days, and for twenty minutes afterwards. The diet-table for the first and second weeks is given below. The temperature and pulse are taken imme-

diately before and after massage. The patient is weighed every week.

The following tables give the diet and results in one case, that of a girl aged 10 years, who was suffering from a second attack of chorea. She could not walk; threw herself about in bed; tongue bitten; no grasping power; cannot articulate; bursts into a paroxysm of shouting and crying if looked at; cannot swallow, the food dribbling out of her mouth. The other cases were treated on a similar basis.

Diet: At 5.30 A.M. half a pint of warm milk; 7 A.M., half a pint of milk, and three slices of bread and butter (each slice to weigh 1 oz.); 9.45 A.M., half an ounce of Kepler's malt extract, in lemonade; 10 A.M., massage (fifteen minutes), followed by half a pint of warm milk flavored with cinnamon-water; 12.30 P.M., rice pudding, half a pint of milk, green food and potatoes; 4.15 P.M., half a pint of warm milk, three slices of bread and butter, and one egg (half boiled); 7 P.M., half an ounce of Kepler's malt extract in lemonade; 7.30 P.M., massage for second time, followed by half a pint of milk immediately.

		Morning.		Evening.	
		Pulse	Tem.	Pulse	Tem.
Feb. 21	Before massage	120	99.2°	104	99.2°
	After "	118	97.0°	100	96.8°
" 22	Before massage	108	98.8°	112	97.2°
	After "	120	97.8°	100	97.4°

¹ Much quieter after morning massage, and slept well for six hours during the night.

² Was spoken to and handled without any emotion; has complained of no pain; does not object to massage in the least.

		Morning.		Evening.	
		Pulse. Temp.		Pulse. Temp.	
		Quite quiet for 3 hours, but no sleep.		4 hrs. sleep fol. by 2 more.	
Feb. 23 ⁸	{ Before massage	112	98.8°	112	97.2°
	{ After "	100	97.2°	114	96.6°
				Slept well all night.	
" 24 ⁴	{ Before massage	100	98.8°	104	97.6°
	{ After "	96	96.8°	94	95.8°
		Slept 1 hour after massage.		Slept immediately after; no night terrors.	
" 25 ⁵	{ Before massage	96	97.4°	96	97.2°
	{ After "	88	96.0°	88	96.2°
" 26	{ Before massage	92	97.2°	100	97.2°
	{ After "	88	97.0°	96	97.0°
" 27 ⁶	{ Before massage	96	96.0°	86	98.2°
	{ After "	92	98.0°	90	97.0°
		Quite quiet for 2 hours.		Slept well all night.	
" 28 ⁷	{ Before massage	72	97.0°	80	96.0°
	{ After "	68	95.8°	72	95.6°
Mar. 1	{ Before massage	72	97.8°	80	97.0°
	{ After "	68	97.2°	72	97.0°
" 2 ⁸	{ Before massage	120	100.8°	128	101.0°
	{ After "	118	100.0°	120	100.8°
" 6 ⁹	{ Before massage	96	97.2°	84	97.0°
	{ After "	92	97.0°	80	96.6°
				Slept well.	
" 7	{ Before massage	80	97.8°	96	97.8°
	{ After "	72	98.0°	92	98.0°
		Slept 2 hours immediately after.			
" 8 ¹⁰	{ Before massage	80	98.0°	96	98.6°
	{ After "	76	97.6°	88	98.2°
" 9 ¹¹	{ Before massage	80	98.8°	104	99.8°
	{ After "	76	98.0°	100	98.8°
" 10 ¹²	{ Before massage	96	99.0°	104	99.2°
	{ After "	92	98.0°	96	98.2°
" 11 ¹³	{ Before massage	80	99.2°	88	98.0°
	{ After "	76	98.2°	90	98.8°
" 12 ¹⁴	{ Before massage	80	99.2°	80	98.0°
	{ After "	76	98.0°	74	98.0°

⁸ Movements are already diminished; she can take milk with much less "slobbering"; articulation better.

⁹ Tongue protruded much more regularly; tongue has not been bitten; no night terrors.

¹⁰ "Systolic" murmur very slight, and presystolic has disappeared; can articulate the word "Better" when spoken to.

¹¹ Systolic bruit has quite disappeared; can to-day articulate her name; takes all her food well; tongue protruded straight; grasping power weak.

¹² Weight 3st., 11lb., 12 oz.

¹³ Last night some Kepler's malt extract was given which had been open for some time; this caused an epidemic of diarrhoea in those patients taking it. A mixture of opium and bismuth was given, and massage was stopped for three days.

¹⁴ The systolic murmur has returned. In consequence of this illness she lost 1lb. 3 oz. (3st., 10lb., 9 oz.)

¹⁵ Diet as before, except at 7 A.M., half a pint of warm milk and four slices of bread and butter; 12.30 P.M., chop (meat cut from bone, no fat), rice pudding, etc.; 4.15 P.M., half a pint of warm milk and four slices of bread and butter, another pint of milk distributed over the twenty-four hours.

¹⁶ All difficulty in swallowing has disappeared; systolic bruit scarcely audible; movements much less.

¹⁷ Fed herself twice yesterday; can articulate ordinary sentences.

¹⁸ Takes all her food well; sits up in bed; is able to hold a spoon.

¹⁹ Muscles have become so resistant, from increase of their volume and tone, that massage is very difficult; sleeps well all night, and an hour or so after morning massage.

		Morning.		Evening.	
		Pulse.	Temp.	Pulse.	Temp.
" 13 ¹⁵	Before massage	76	99.0°	80	98.0°
	After "	70	98.0°	76	97.0°

All active movements have ceased, and she has now nothing but the occasional twitching usual in these cases. Massage was kept on for fourteen days longer, in the hopes that these too might disappear, but although they were materially lessened, and entirely ceased in three weeks, the diminution was scarcely marked enough to say that it was caused by the treatment.

We must insist on the fact that the treatment we advocate is for the acute stage of chorea, not the chronic, although (as will be seen from perusal of the above) much benefit may indeed be derived from it, even in these latter cases. "Massage," and the mode of performing it, is well described in Weir Mitchell's book, "Flesh and Blood, and how to make them." There are two or three essential points, however, to bear in mind: 1. Fifteen minutes twice a day, increased at the end of seven days to twenty minutes, is as much as the strongest child will bear. 2. After the operation the warm milk should be given and the bed-curtains closed, and all noise stopped; sleep then generally follows. 3. Neat's-foot oil, if used alone, often produces small boils, which cause the patient a good deal of discomfort. A mixture of an equal amount of olive oil will be found to obviate this trouble. 4. Care should be taken to give the Kepler's malt extract fresh. If any fermentation has taken place troublesome diarrhoea will probably result.

¹⁵ Weight 3st., 12lb., 10 oz., an increase of 2lb in seven days.

Scurvy and Fresh Meat.

In commenting upon the report of Dr. W. H. Neale, Medical Officer of the Arctic steamer *Eira*, the *Lancet* says:—

The most interesting of Mr. Neale's observations, however, is that which relates to the absence of any symptoms of scurvy among the men—a fact which has led him to express the opinion that if men live on the flesh of animals indigenous to the country, even without vegetables, they will run very little risk of scurvy, so that, under such circumstances, lime-juice is not of much use. Curiously enough, while Mr. Neale is detailing his experience with regard to the prophylactic value of fresh meat against scurvy in the arctic region, Dr. Lucas writes to us from India, stating that the meat eating tribes of the northwest provinces are comparatively free from scurvy, while the vegetable-feeding tribes are not unfrequently attacked with the disease. This experience of both arctic and tropical observers, which does not stand alone, is so entirely distinct from European experience, that some solution of the apparent paradox is required. In a letter which we publish in another column, a correspondent points out that the statements of Mr. Neale and Dr. Lucas need not be considered as in any way upsetting our established views with regard to the disease, since, as he urges, meat is probably a scorbutic and an anti-scorbutic article of diet, according to the period of time that elapses from the time of slaughter

to the period of cooking. Fresh muscle, as is well known, has an alkaline reaction, due to the presence of the neutral sodium phosphate; after rigor mortis has passed off the reaction becomes acid, due to the development of lactic acid; the neutral phosphate is thus converted into acid sodium phosphate. In hot countries the meat is eaten so freshly killed that lactic acid is not developed; in arctic regions the cold stops its formation; in European countries, where meat is usually hung, there is ample time for its generation. Thus in tropical and arctic regions the muscle plasma is alkaline when cooked, in European countries acid. If, therefore, it be true that scurvy is produced by a diminution of the alkalinity of the blood—a view originally put forward by Garrod and subsequently confirmed and extended by Dr. Ralfe—then we can conceive how fresh meat may be anti-scorbutic, while hung meat will have an opposite quality. Lastly, Mr. Neale is to be thanked for his suggestion of the use of blood as an anti-scorbutic. If its employment on future occasions should further prove its prophylactic value with regard to scurvy, we shall expect to see it extensively used by our mercantile marine, while under any circumstances, it introduces to the notice of travelers and voyagers a food at once portable, nutritious, and wholesome.

The Influence of Tobacco Smoking on Temperature and Pulse.

The *London Medical Record* says that, in order to ascertain the influence of moderate tobacco-smoking on temperature and pulse in normal subjects, Dr. J. V. Troitzky (*Vratch*, 1882, No. 7) made 600 observations in twenty-five persons, grouped into three categories, according to their constitutions: 1. Those of delicate constitution; 2. Those of ordinary constitution; 3. Those of strong constitution. The observations were made twenty times daily, from 9 A.M. till 12 P.M. The author summarizes his results as follows:—1. In persons of ordinary constitution, on non-smoking days, the average daily temperature was 36.76 deg. C. (98.16 Fahr.), and the pulse 72.9; on smoking days, the respective figures were 37.02 deg. Cent. (98.64 Fahr.), and 89.9. In persons of delicate constitution, on non-smoking days, the average daily temperature was 36.6 deg. C. (97.88 Fahr.), and the pulse 69.3; on smoking days, the figures were 37.03 deg. C. (98.64 Fahr.), and 81.2. 3. In strong persons, on non-smoking days, the figures were 36.8 deg. C. (98.06 Fahr.), and 72; on smoking days, 37.02 deg. C. (98.64 Fahr.), and 82.6. 4. In persons of all three categories, the mean temperature and pulse on non-smoking days, were 36.73 deg. C. (98.11 Fahr.), and 71.55; on smoking days, 37.02 deg. C. (98.64 Fahr.), and 81.24. Expressing the conclusion between averages for smoking and non-smoking days, in form of geometrical proportions, we have the following figures: *a*, in ordinary persons, for the temperature 1007: 1000, and for the pulse 1230: 1000; *b*, in delicate persons, 1010: 1000 and 1170: 1000; *c*, in strong persons, 1006: 1000 and 1150: 1003; *d*, in persons of all categories, 1008: 1000 and 1180: 1000. [That is, tobacco-smoking produces a stronger influence on the pulse

than on the temperature. The author considers even moderate tobacco smoking hurtful to healthy systems. Nobody ever denied that tobacco smoking influenced the temperature and pulse of a smoker; the question is only, whether this—at all events, not very considerable—influence is really harmful to the system.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—We have received the Annual Announcement of the Toronto School of Medicine for the current year.

—*Godey's Lady's Book* continues to furnish excellent reading for the household, pleasant and beautiful stories, matters relating to dress, household and the care of children, the latest fashions and handsome steel plates, all making a journal of a very satisfactory kind to the family circle. Published at 1006 Chestnut street, Philadelphia. Price \$2.00 per year.

—A description of elephantiasis arabum, as it occurs in the Samoan Islands, is given in a reprint by Dr. Arthur C. Heffenger, U.S.N. He states that there is no correct description of the disease in medical literature. The only remedy seems to be excision, which is generally successful. The author describes a case where he removed a lymph scrotum weighing 35 pounds.

—We have received the Transactions of the South Carolina Medical Association, a volume possessing much interest. The President's Address, on "Primary and Secondary Reunion of Divided Nerves by Sutures," is a peculiarly valuable contribution to the literature of this important subject. A paper on the treatment of catarrh, by Dr. S. Baruch, is very practical and worthy of perusal, as are many others of the short and concise papers forming the volume.

—The whole miserable history of Guiteau and his actions has been of no practical value whatsoever to the medical profession; he has been fairly tried and executed, and the country is weary of reading about him. The notoriety which has been given to his base and aimless life can only be productive of injury by inciting other egotistical and weak-minded creatures to achieve publicity in some similarly unfortunate manner. Therefore we can have but little sympathy for the reprint from the *American Journal of Neurology and Psychology* on "The Autopsy of Guiteau." Hundreds of equally important and instructive autopsies are annually made in our almshouses, and are very little talked about.

—We have already told our readers of the reported success with which Dr. Robert Newman, of New York, has treated stricture of the urethra by electrolysis. We have now received a reprint from the *New England Medical Monthly*, of an article by the same gentleman, on "Stricture of the Rectum Treated by Electrolysis." The author relates four cases in which he derived very good results from this method of treatment, and concludes that, "malignant and syphilitic causes excluded, stricture of the rectum may occur as a sequel of any inflammation in the tissues of the rectum itself, or by encroachment of diseased tissues surrounding the part."

"As no known treatment formerly employed has given satisfaction, the electrolysis deserves a trial, even if it does not cure always, and only relieves."

—*Lippincott's Magazine* for October has a very interesting table of contents. In the opening illustrated article, "Norfolk, Old and New," Charles Burr Todd tells how this city, "evidently intended by nature for a great commercial centre," is at last beginning to profit by the advantages of its position. "My Escape from the Floods," by Annie Porter, gives a vivid description of an overflow of the Mississippi river. "Bark Canoeing in Canada," an illustrated paper by "Kanuck," and "Camping on the Lower Wabash," by M. H. Catherwood, are sufficiently described by their titles. "My College Chums," by Henry A. Beers, is written with quiet humor. There are some very good things in the "Monthly Gossip," and the whole number is eminently readable, and among the best of the year.

—Dr. C. L. Dana read a paper before the New York County Medical Society, in 1881, in which he claimed that syphilis is a benign disease. Dr. L. Duncan Bulkley now comes out in an article (reprint from *Transactions of the New York State Medical Society*, 1882) advocating a directly divergent view, and basing his conclusions upon the analysis of 450 cases occurring in private and hospital practice. He sums up his conclusions in six paragraphs, one of which would seem to convey the true and rational position of syphilis.

"3. In a certain proportion of cases constitutional syphilis is a mild affection, even as the infectious diseases occur with varying severity under different conditions."

It is true that we know comparatively little of the minute history or phenomena of syphilis, but every general practitioner has surely seen cases in which the disease has been malignant, and

again others in which it could readily be termed benign. The same pathological laws must govern syphilitic as well as other diseased conditions.

—The solution of the exudation in membranous laryngitis has always been considered a desideratum, but how to successfully do so has remained in many cases a mystery. Dr. Eugene F. Cordell, of Baltimore, has written a paper on the subject, in the *Maryland Medical Journal*, in which he advocates the erection of a sort of tent over the bed. Inside of it a pot of water is set to boiling, into which, every few minutes, a lump of lime is thrown. In one case (a very grave one) this procedure was kept up for five days, with recovery as a result. The point he makes is the desirability of the continuous use of the agent. He sums up his conclusions as follows:

1. It is simple, safe, economical and universally applicable.
2. It secures the most efficient form in which the application of lime can be made, and is that most nearly approaching the artificial solution outside the body.
3. It secures the continuous use of an agent, generally recommended intermittently and whose utility is unquestionable, and it is the only method that will do this.
4. It secures at the same time, and without extra trouble, the advantages of an atmosphere saturated with steam.

—The question of the efficacy of "Non-restraint in the Treatment of the Insane," is a very important one, from a humane standpoint. The idea of restraining human beings of their liberty, as though they were wild beasts, is repugnant to the dictates of humanity. Therefore, a reprint from the *Archives of Medicine*, of an article by Dr. J. C. Shaw, Medical Superintendent of King's County Lunatic Asylum, New York, entitled "A Second Year's Experience with Non-restraint in the Treatment of the Insane," is a very valuable contribution to the literature of insanity. For some years "non-restraint" has been the rule in many of the asylums of Europe; and those who advocate its impracticability will find their arguments forcibly refuted in Dr. Shaw's article. In the King's County Asylum seclusion is rarely used, and restraint almost never, while the results have been entirely satisfactory. One of the most important points in carrying out the system of non-restraint is to find occupation for the patients. This aids very much in keeping them quiet and more contented, tends to turn their

attention to a more normal train of thought, and in some cases prevents the rapid approach of complete dementia.

—Dr. L. Duncan Bulkley, of New York, who has an extensive and well deserved reputation as a dermatologist, presented to the last International Medical Congress a plan for reforming the present confusing and unintelligible nomenclature and classification of diseases of the skin. A committee of five from various parts of the world was appointed to consider and report upon his plan to the next International Congress, in 1884. To illustrate the necessity for this reformation, it may be mentioned that there are no less than one hundred and twenty Latin names associated with eczema by different authors. The proposed classification is based upon that of Hebra, and to those who have any leaning towards dermatology will make interesting reading. If adopted it will tend to make this hitherto obscure branch of medicine intelligible and interesting to the general practitioner. It comes to us as a reprint from the *Archives of Dermatology*.

—Anything that contributes to our knowledge of "Bright's Disease" is particularly welcome, and possesses an unusual value to the profession. This insidious enemy of health is, par excellence, a disease due to neglect of hygiene, and as one would suppose, is to be controlled more by observance of sanitary laws than by any drugs now in use. Its diagnosis is remarkably obscure, more so in many cases than that of any other known disease, its symptoms being so varied that no approach even to general rules can be laid down for its recognition. It was supposed at one time that albuminuria was proof almost of the existence of this disease, but we now know that albumen can be found in the urine when no disease of the kidneys exists. Sir Henry Thompson, prominent among many others, has noted that violent cystitis or urethritis will produce albuminuria. Dr. T. A. McBride, of New York, read a paper before the New York Academy of Medicine, on "The Early Diagnosis of Chronic Bright's Disease," which is thoroughly deserving of perusal by all. After pointing out the fact that neither albuminuria nor the presence of casts are proof positive of the disease, he contends that "increased arterial tension" is to-day regarded as one of the most constant and valuable symptoms of Bright's Disease. While no doubt it is a frequent accompaniment or consequence of the disease, yet we fear he places rather too much stress upon it. On the whole, his paper is a most excellent one, and we wish we could afford more space to discuss its many merits.

BOOK NOTICES.

The Physician Himself, and What He Should Add to His Scientific Acquirements. By D. W. Cathell, M.D., etc. Second Edition. Cushings & Bailey, Baltimore, Md. 1 vol., pp. 207.

The education of a physician is not finished when he is prepared to contend against disease with knowledge and skill. Often the hardest task yet remains to him to learn, to wit, how to act toward the public and toward his colleagues, so that he may be successful as well as skillful, honored and prosperous as well as learned. For the want of this knowledge many a young professional man has been left behind in the race, and has taken a lower rank than his abilities deserved, or has left the profession in disappointment and disgust.

Neither text-books nor lectures supply this knowledge. If acquired at all, it is usually by hard knocks and painful experiences. Dr. Cathell has, therefore, addressed himself to a worthy task in endeavoring to equip the young physician for the battle of life with this indispensable outfit. He has done his work conscientiously and with a keen insight into the difficulties and exigencies which constantly arise in professional life. In some passages we would question his taste, in others the wisdom of his advice, but these are few compared to the great number wherein he evinces sagacity and discernment. We wish every graduate would read the book and ponder well its contents.

Nitro-glycerine as a Remedy in Angina Pectoris.

By William Murrell, M.D., etc., Detroit: George S. Davis. 1882. Cloth, 12mo, pp. 78.

This is an interesting monograph on this powerful agent. Its beneficial effects in angina pectoris are illustrated by a number of striking cases. The relief is positive and immediate, but the use of the drug is, in some persons, followed by headache. An instance is given where even handling a small quantity brought on this unpleasant result. The author discusses its safety as a medicine, the best form in which to give it, the accessory treatment, and other points of interest.

Clinical Lectures on Diseases of the Urinary Organs.

By Sir Henry Thompson. 6th London edition. Phila.: P. Blakiston, Son & Co., 1882. pp. 175. Price, paper, 75 cents.

These lectures are so well known and widely appreciated by physicians that they do not require any special notice at our hands. They are here put forward in a cheap edition, in clear type, with fairly good illustrations, and should be in every library which does not already possess them.

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THE USE OF TOBACCO BY BOYS.

The use of tobacco by growing boys is so generally recognized as pernicious, that it is extraordinary that more energetic measures are not urged upon those having the care of youth to prevent the habit. Already it has been prohibited in the U. S. Naval Academy, at Annapolis, in the U. S. Military Academy, at West Point, in the Phillips Exeter Academy, New Hampshire, and in various other enlightened educational institutions.

This was not the result of prejudice or hobbyism. If any set of men are free from these vices of learning, it is the naval surgeons, and it was especially from them, and particularly from Dr. A. L. Gihon, U. S. N., that this attack on the weed began. The indictment laid against it charged:—

1. That it leads to impaired nutrition of the nerve centres.
2. That it is a fertile cause of neuralgia, vertigo and indigestion.

3. That it irritates the mouth and throat, and thus destroys the purity of the voice.

4. That, by excitation of the optic nerve, it produces amaurosis and other defects of vision.

5. That it causes a tremulous hand and an intermittent pulse.

6. That one of its conspicuous effects is to develop irritability of the heart.

7. That it retards the cell change on which the development of the adolescent depends.

This is a formidable bill of particulars, and yet each of these charges is preferred by the best modern authority, and what is more, each is substantiated by an abundance of clinical evidence.

Testimony is also adduced from the class records of schools and colleges, which indicate very positively that the effect of tobacco on the mental faculties is deteriorating. The best scholars are not tobacco users; non-smokers take the highest rank in every grade; and whether we look at the exceptionally brilliant students, or compare the average of those who use and those who refrain from tobacco, the result shows the same.

With these facts staring us in the face, it becomes the duty of every schoolmaster and every parent to set himself resolutely against the beginning of this injurious indulgence.

It is, indeed, no easy matter to prohibit it successfully. There is a curious attraction about this nauseous plant, which has never been explained. A habitual consumer of it cannot explain its fascination. It has extended over the world with marvelous facility.

Nevertheless, we believe that the youth of America are intelligent and ambitious enough, in the aggregate, to be trusted. If the consequences of tobacco using are plainly stated by an authority that a lad respects, it will often lead him to drop the habit, or to refrain from beginning it, when threats and punishments would not. The latter he regards as an exercise of arbitrary power, the former appeals to his reason and good sense. It is the duty of a physician to express himself plainly on this subject, and he can only do so by condemning the habit in boys, at any rate.

DRAINAGE OF SEASIDE RESORTS.

So much attention has been directed to this question during the past summer, that it has assumed very large proportions, and constitutes, today, one of the greatest problems in sanitation.

Fundamentally, good drainage at the seashore is very difficult to procure; since one of its most essential requisites is a fall or decline in the land, so that gravity may aid the water supply in carrying off refuse.

At the majority of our seaside resorts the land is very flat, hence this great requisite is wanting.

Again, it is very essential that the sewer outlets should be so located that they can freely discharge their contents at any and all times.

Neither does this condition obtain, for in the majority of instances the sewers empty into creeks or waterways under the tidal influence, so that for a certain number of hours out of every twenty-four the water is rapidly backing up into them, thus not only preventing the escape, but actually blocking up the waste in the sewers.

To obviate this objection it has been proposed, at one of our summer resorts, to place floodgates at the mouth of the main sewer. But this would be no improvement, since these gates would act precisely as the tides, and would only serve to imprison the sewage during high water.

Again, the majority of our seaside municipalities are not overly blessed with worldly wealth, in consequence of which they are compelled to do what they do with as little expenditure of money as possible. Hence their sewers are very short, and discharge their contents, we fear, dangerously near the people. Now, at low tide, this matter, this refuse, lies exposed, upon the meadows, to the decomposing influences of sun and water. The bacilli of disease, about which we now hear so much, are generated or are charged with poison (whichever it may be), and when the wind blows from that direction, are wafted over the city, to poison the inhabitants thereof.

Drainage is a difficult problem, at the best, but when we take into consideration the two factors of want of influence of gravity and tidal

effects, we have indeed a nut hard to crack. When to these two is added limited pecuniary ability, the case seems, indeed, almost hopeless.

The famous English watering place, Brighton, was recently arraigned by the London *Lancet*, on account of its drainage.

A careful examination by a sanitary expert developed the facts that an intercepting sewer of sufficient size for all refuse drained the other sewers into the sea; but when the tide was in, the water flowed into the open mouth of this sewer: in addition to which, a greater trouble was discovered, in the fact that the rain water was drained into this sewer.

Therefore, whenever a heavy rainfall occurred, during high tide, this sewer was completely filled with water, so that any gas which had accumulated therein was displaced and forced backward toward the dwellings, with a power that, to a certain extent, defied the intervention of traps, since this was the only outlet for the gases, that must escape. At first the corporation of Brighton refused to admit the truth of this report, but they finally appropriated several thousands of dollars to meet the defect, by providing efficient ventilation of the sewers.

This, no doubt, will make an improvement, but it cannot, we feel, radically cure the trouble.

When we remember that these bacilli are so very minute that six hundred and thirty-three million can be accommodated in a space the size of a head of a pin, and that they are so prolific that the progeny of one single parent would, in less than three days time, fill the oceans of the world, we must conclude that it is a very likely thing for some of these wonderfully active little bodies to escape the sanitary precautions of ventilators and traps, and obtrude their unwelcome presence into the homes of the residents.

We could cite numerous reports from various seaside resorts, during the past summer, to verify the statement that the whole system of seaside drainage is defective. It is true that the same statement will apply to many large cities, but in an especial manner is it applicable to the system of drainage suffering from such defects as we have pointed out.

The remedy is a great question, one upon which much intelligent thought must be expended.

There are, however, two grand, incontrovertible elements of improvement upon which we will touch.

1st. Removal of all excrement to a great distance from the settlements.

2d. Destruction of all disease germs that decomposition may generate.

The first can only be accomplished on level ground by the aid of pneumatic drainage, such as is now being experimented with in Paris.

The second must be attained by the universal use of such disinfectants as are capable of destroying the disease-carrying products of decomposition.

One way to accomplish this last indication is by means of a separate system of water supply to closets, which shall be furnished from reservoirs containing a *disinfecting solution*, so that each flushing of the closet may carry destruction to the disease power of these germs.

Such a system would be expensive, but so would the first, and we must remember that *health* is an expensive luxury to those who would surround themselves with all the comforts, conveniences and dangers of our modern civilization.

A whole volume could be written on this subject, but we desire merely to turn thought in this direction.

BOOK REVIEWS.

We once heard a very prominent publisher ask an editor whether he ever read books before reviewing them, and when answered in the affirmative, he expressed surprise.

That the publisher was correct and the editor verdant, is, unfortunately, all too true, and this to-be-regretted fact is prejudicial to both author and publisher, as well as really injurious and unjust to the purchaser.

Books are sent to journals for review, by publishers, in order that the fact may be made generally known that such a book has been written and is for sale.

Book reviews are read by intending purchasers, in order that they may be guided in their selection by the experience and mature judgment of an editor in whom they place confidence.

If books are reviewed without being read, one of two mistakes is apt frequently to occur.

1st. They will be unjustly condemned, or 2d, they will be praised more than their merits deserve. The truth of this statement is obvious. That many editors do so review books is a foregone conclusion, from the very style of the reviews.

That they do so thoughtlessly, to save themselves trouble, we firmly believe, and we are equally confident that they do not realize the injustice they are doing authors and readers by this negligence. The Review Department of a journal (of medical journals in particular) is a very important one, and cannot be slighted.

Of course, it is impossible for all journals to devote very much space to this subject, as some can, but all editors can at least make themselves familiar with the contents of books received, and divesting themselves of all prejudice, fairly and justly state the merits and demerits of the particular book under consideration.

If they do not do so, they should then confine themselves to the bare statement that such and such a book has been received; by which they will give the desired publicity to the publication, and leave the mind of the reader unprejudiced, to look elsewhere for a discussion of its merits.

QUERY—TOUTS OR EXAMINERS.

Under this title a prominent English Journal says:—

"The MEDICAL AND SURGICAL REPORTER says that. 'in order to facilitate the admission of students and to aid the upward tendency of medical education,' the authorities of the University of Pennsylvania have appointed physicians, graduates of that school, in the different prominent cities, remote from Philadelphia, whose duty it shall be to examine candidates for admission into the Medical Department. By this means the applicant is spared the expenditure of time and money necessary to a trip to this city on an uncertainty. Truly considerate towards the students!!!"

The word *Touts* is rather new to us, but we infer, from the tenor of another article in the

same journal, that it has reference to a means of soliciting patronage. We did not investigate the inner purposes of the University of Pennsylvania in making what seemed to us a great stride in the upward march of medical education, any more than we would question the meaning conveyed by the editorials of any well established and respectable medical journal. It would be folly for us or any other journal to dilate upon the standing of the University, which is so impregnable of itself as to need no defence. When the authorities of such an institution see fit to take any action calculated to improve the standard of medical education, we must, perforce, as reasonable men, believe it to be honestly conceived and intended, until we have ample proof to the contrary. Such insinuations are out of place when applied to so venerable and so renowned an institution.

NOTES AND COMMENTS.

Nerve Stretching.

In the *Lancet*, Dr. Augustus H. Bampton describes a case of supra-orbital neuralgia, in which the patient had used all known remedies without any relief, until the supra-orbital branch of the frontal nerve was cut down upon and stretched with a blunt hook, just behind its entrance to the supra-orbital notch. The relief was immediate, the wound healed by first intention, and up to one month after the operation, when he was discharged, there had been no return. The pain returned at intervals during the following winter, but considering the simplicity of the operation, the author considers that it should always be resorted to when other treatment fails, in this painful affection.

Intussusception in Infants.

Dr. W. R. Gillette, in the *New York Medical Journal*, states that he has succeeded in reducing three cases of intussusception in infants by the administration of chloroform, injections of warm water, and the application of massage to the mass felt through the abdominal walls. He knows of two other cases, where all the ordinary means failed, and reduction was effected by chloroform and massage. The children, in all these cases, were held, and the injections forced into them against all voluntary and involuntary efforts that they could make. In one case the gut had

been invaginated forty hours, and in another for three days. In one case, the particulars of which are recorded, the water, after three or four bulbfuls were thrown in, was rejected. This was repeated constantly; it seemed almost impossible to get the gut to retain any water. Finally, an assistant resorted to massage (the infant being under chloroform). Immediately there was a roar of rushing wind and water, and a large amount of water passed in and was apparently retained. The child was laid down, warm bottles put around it, to rally it after the ordeal; the bowels were moved in a short time and a rapid recovery ensued.

Lead Paralysis from Contact.

In the *Gaz. des Hôp.* we find reported the case of a young man who was suffering from paralysis of the forearm. When in the army, whether in Algiers or Senegal, he always enjoyed the best of health in localities where numbers were dying around him—always having taken care to wear double flannels in the hottest countries. On leaving the army he became a carter for the transport of merchandise, and three weeks before admission had been transporting white lead. While loading his cart, one of the barrels burst, and he employed his left hand in endeavoring to save as much of the lead as he could. The hand and forearm were thus covered with lead. The next morning the extensors of the arm were paralyzed. It was a purely local paralysis, and neither colic nor any other sign of lead poisoning was present. He was treated by electricity.

Parturition Complicated with Whooping-Cough and Pleurisy.

In the *Edinburgh Medical Journal*, Dr. Wm. J. Beatty reports the case of a woman who, being pregnant, contracted whooping-cough from her children, three weeks prior to the expected confinement. On the night before labor commenced, she was seized with pleurisy. As soon as delivery was effected, she commenced to improve, and was entirely well eleven days after confinement. The Doctor, in conclusion, says: "This case caused me much anxiety, as the complications were really very formidable, and I confess I was rather surprised to find my patient recover so rapidly. Perhaps the pleurisy was cut short by the usual 'loss' after childbirth, and, if so, are we right in not bleeding our patients in inflammation of the lungs or their serous envelope? Strange, too, that she lost her whoop."

Kolpoplekisis for Vesico-vaginal Fistula.

The *Medical Press and Circular* says that Dr. R. Lomer, of Leipzig, in a reprint from Langenbeck's *Archives*, Bd. xxvii, 3, reports a series of thirteen cases of urinary fistula met with in the clinic at Heidelberg. Two of these cases operated on terminated unfavorably. In the first of the two, after every method of operation had been tried in vain, that of "Episio-plastik" was tried. This was an attempt to close the vaginal orifice by flaps brought from the thigh. The operation was only a partial success, union not being complete. The second was a case in which there was complete absence of vesico-vaginal septum and part of the urethra. The cure in this case was attempted by kolpoplekisis, after the formation of a recto-vaginal fistula upon the sphincter ani. After repeated attempts the closure of the vagina was not only not effected but the urine still dribbled away. But what was worse, feces and wind found their way through into the vagina, so that the artificial fistula had to be closed, and the patient was finally fain to depart unrelieved.

Hysteria.

The *Medical Press and Circular* says that a young girl, aged 20, was found one night, by the police, in an insensible state, lying on one of the benches of the boulevards in Paris. She was removed to the hospital, where she lay for several days in a sort of stupor, taking no nourishment and paying no attention to anything around her. Before waking out of her lethargy she gave birth, unconsciously, as she afterwards affirmed, to a child. Pins and needles were thrust through her legs and arms, but she gave no signs of sensation. All conceivable efforts to rouse her failed. When finally she roused up, she said that she did not remember anything that had occurred, and was surprised to find herself in the hospital, as she was alone in Paris, her parents residing in the country. The daily papers were much excited, and called her the "fasting girl," but the verdict will not fail to be hysteria.

Improvement on Tinctura Arnicae, U. S. P.

Charles H. Hæntze, in the *American Journal of Pharmacy*, recommends the following as an improvement on the present way of making tincture of arnica. Take of arnica flowers 6 troyounces; alcohol $1\frac{1}{2}$ pint; water $\frac{1}{2}$ pint. First take the arnica flowers and rub in a mortar with 2 drachms of sodium carbonate, until quite fine, then take the powder and put in a 2 pound tin percolator of the Rosenwasser pattern, and percolate

with the diluted alcohol, raising the reservoir about five feet above the percolator; the result is a quart of dark, clear and strong tincture, and as the quantity of carbonate of sodium is so small it would be hardly objectionable. This same tincture may be made by maceration, but as the latter takes up a great deal of precious time, the former way is preferable. Also the often seen precipitate does not appear in this process.

Functional Derangement of the Heart.

Dr. Zinsser, in the *New York Medical Journal*, refers to the case of a gentleman, forty-four years of age, in good health, who was suddenly attacked with distressing palpitation of the heart, without apparent cause, the pulse rising to 160 a minute. He was a moderate smoker and drinker. His urine was free from albumen at the time. Similar cases have been reported where mental excitement or worms have been the cause. Dr. Langemann considers that this condition might be induced by the introduction of strong alcoholic beverages into an empty stomach. Such a practice is occasionally indulged in by army recruits in Southern Germany, to deceive the examining physician.

Prolonged Use of Chloroform in Labor.

Dr. J. Wybrants Olpherts, in the *British Medical Journal*, relates a case of instrumental labor, in which the woman was kept completely under the influence of chloroform for over six hours, during which time the forceps were applied, craniotomy was performed, and the forceps used a second time. There was no excessive post-partum hemorrhage, no vomiting, no nervous shock. These good results he attributes largely to the use of chloroform, for he fears that ether would have a greater tendency to produce these troubles.

Influence of Light on Vision.

The *Lancet* says that M. Charpentier has been engaged in a series of researches to determine the quantity of light requisite to enable the eye to distinguish between two luminous points. He finds that with equal illumination and for the same distance the visibility of luminous points is directly proportional to their surface or to the square of their diameter. That with equal illumination and when of equal size the visibility of luminous points is inversely proportional to the square of their distance from the eye; and, thirdly, that when the luminous points are of equal dimensions, and at the same distance from

the eye, their visibility is directly proportional to their illumination. The eyes were in all the experiments exactly accommodated to the distance of the objects, and were free from astigmatism.

Acute Conjunctivitis Caused by the Electric Light.

Dr. W. C. Rockliffe records, in the *Lancet*, the case of a man who was engaged in adjusting the carbon points of a lamp of 8000 candle power, without wearing the colored glasses commonly used to protect the eyes. As an almost daily occurrence the brilliancy of the spark causes more or less paralysis of the retina, or, to quote his own words, "he rarely is able to perceive the people walking on the footpath when descending the ladder from adjusting." Although this effect soon passes off, on this particular occasion, as he regained his power of vision (in about fifteen minutes) it was followed by rapidly increasing lachrymation, photophobia, pain and swelling of the lids, the whole symptoms being developed in thirty minutes. Having suffered from many slight attacks of a similar nature, he applied cold water, which previously had relieved him; but the pain and swelling increasing, I saw him the following day, apparently having suffered intense agony during the night. The lids of both eyes were very hot, red, swollen, and brawny, and level with the superciliary ridge, the swelling extending some little distance upward over the forehead. The pain was most acute in and around the eye. On raising the lids (which was a very difficult operation, the photophobia being so exceedingly intense) a considerable amount of lachrymal fluid gushed out. The conjunctival vessels were exceedingly large, and the eyeball a brilliant scarlet; cornea clear. All these symptoms yielded to a brisk purge and lead lotion in forty-eight hours. His fellow workman was similarly affected, but to a less extent.

Asses' Milk.

The *British Medical Journal* says that Professor Parrot, after extensive experience, considers it demonstrated that asses' milk is the best substitute for the human article. He has seen it bring about the veritable resurrection of infants. In the absence of a good nurse, a milch ass is the best substitute for infants. After it, in order, come the mare, the goat, and the cow. A she ass in full milk can satisfactorily nourish three infants of the average age of five months. In places where the goat can live free, and find the food it likes, it may be substituted for the ass.

Asses' milk is particularly indicated in gastrointestinal affections.

Poisonous Bullets.

The *Medical Press and Circular* says that M. Gros, of Paris, with regard to the complaints which were made of the use of poisoned bullets, explains that the construction of the modern breech-loading arms causes the bullet to convey with it a portion of the hydrocyanic acid which the explosion of the powder has caused to be accumulated in the barrel. Even if poisoning to a mortal extent does not take place, it is remarked that the healing of wounds is materially retarded by this circumstance.

NEWS AND MISCELLANY.

American Gynecological Society.

The Seventh Annual Session of the American Gynecological Society was held in Boston, Mass., September 20, 21, and 22. The meeting was presided over by the President, Dr. I. Addis Emmet, of New York. The Philadelphia representatives present were, Drs. A. H. Smith and Wm. Goodell. The address of welcome was delivered by Dr. Lyman, of Boston. Dr. Taber, of Washington, D. C., read a paper on "The Proper Use of Ergot in Obstetrics;" which consisted merely of a résumé of existing knowledge on the subject. With reference to its physiological action there was an agreement that it produced in a uterus already in labor a persistent tonic contraction, which finally became tetanic in character, and that this kind of contraction was diametrically opposed to the intermittent rhythmical contractions of the normal parturient uterus. The danger of long continued pressure of the head of the child upon the soft parts of the mother was then referred to, and also the liability of producing still-births by the use of the drug to overcome uterine inertia. He did not believe in its efficacy in cases of retained portions of the membranes, and thought that the labor of their extraction was very much increased by its use. He believed that the human race would be better off without than with ergot in the management of labor; certainly it should never be given to a primipara.

A paper on "The Treatment of the Pedicle in Ovariectomy," by Dr. R. S. Sutton, of Pittsburgh (who is absent in Europe), was read by the secretary. The paper, which was largely historical, closed with a consideration of the various conditions which influence success and failure, such as climate, avoidance of the operation in public hospitals, avoidance of septic diseases by the operator and his assistants, maintenance of strict cleanliness, etc.

AFTERNOON SESSION.

"The Care of the Perineum in the Second Stage of Labor," was the title of a paper by Dr. Theophilus Parvin, of Indianapolis. Some tearing of the vulvo-vaginal orifice in primiparae is,

according to Duncan and Schroeder, inevitable; only 39 per cent., according to Schroeder, escaping rupture of the fourchette. The statistics of many obstetricians were then given, after which the author passed to the consideration of the causes, such as those relating to the pelvis, condition of the soft parts, etc. In order to reduce the accident to the minimum, or prevent it, it was the duty of the accoucheur to hinder the abrupt expulsion of the head of the fetus, and permit gradual dilatation of the passages which it traverses. The various methods recommended for accomplishing this were then considered. When rupture was otherwise inevitable, it had been proposed to prevent the accident, by incision or incisions, but episiotomy should not be resorted to unless it was indispensable. Dr. Parvin advocated immediate closure of the rupture, should it occur, and the use of horse-hair sutures, which certainly were readily obtained, and probably were quite as good as any other material that could be used.

The next paper was read by Dr. Fordyce Barker, of New York, on "Leucorrhœa: Its Constitutional Causes and Therapeutics." It seemed to the author of the paper that the fact that leucorrhœa was not a distinct disease, but a symptom of many different and even opposite pathological conditions, had led to a neglect of its study, and practically to a forgetfulness of the fact that it not rarely originates from constitutional causes, and that when long continued it becomes itself a cause of local and important pathological changes. No writer during the last quarter of a century had considered it, except incidentally, as a symptom of some local disease, with the exception of Comby Stoltz and Robert Barnes, who had called attention to some of its constitutional causes. This was equally true of American, English, French, and German gynecologists.

For many years he was an entire disbeliever in the opinion of Tyler Smith, that leucorrhœa was in many cases the primary cause of morbid states of the os and cervix, and while now he was not at all disposed to accept the statement that this is the fact in the majority of cases, in the few last years he had been convinced that it was true in some. While all accept the statement that local and constitutional causes continue to develop leucorrhœa, yet he thought it might be questioned whether the latter be not too often disregarded in the present day, both in the diagnosis and treatment of this disorder.

Many of these constitutional causes, such as atmospheric changes, which induced general catarrhal affections, plethora in some, anæmia in others, all forms of defective nutrition and debility, etc., were well understood. The influence of nerve disturbance, as a consequence of defective nutrition, was, perhaps, not so generally appreciated, although most practitioners knew the fact that in some of their patients strong mental emotion was sure to bring on a troublesome leucorrhœa. Dr. Barker then considered the bearing which changes in the blood vessels of the uterus produced by pregnancy had upon this disorder.

He believes the most frequent error in the treatment of these cases is to be found in a dis-

regard of the necessity of such remedial agents as would secure a healthy performance of all the organic functions, a neglect of the *morale*, and a routine prescription of some form of iron, which, under these circumstances, was sure to impair the appetite and produce headache.

Second Day.

The first address for the second day was by Mr. J. Knowsley Thornton, of England; the subject being "The relative value of Hysterectomy and of the complete removal of the Uterine Appendages, for the Cure of Uterine Fibroids." By "Hysterectomy," he means all cases where the uterine cavity is laid open and more or less of its walls removed with the fibroid. The conclusion reached was, that surgical aid is justifiable, even necessary, in a certain number of cases, yet there is the great mortality of between 30 and 40 per cent., after abdominal section, and a still higher rate when the uterine cavity is cut into or the supravaginal portion of the uterus removed. The operation must be considered a very formidable one. But thanks to American surgery, the brilliant conception of Blundell, in 1823, was made a recognized surgical procedure by Battey, in 1874, and from the labors of others, hysterectomy has been rendered less formidable than formerly. Statistics show that the removal of the uterine appendages is attended by less immediate danger to life than other operations for the removal of uterine fibroids. The operation must be done thoroughly, mere removal of the ovaries being useless; still less useful the removal of a portion of them.

Dr. Goodell took part in the discussion which followed the reading of this excellent paper.

The President then delivered his annual address, the subject being, "A New Method of Exploration, with the pathology and treatment of certain lesions of the female urethra." After showing the inexactitude of present means for examining the female urethra, Dr. Emmet passed to the description of the new method of exploration, which formed the basis of his address.

It was some six years since he devised the plan of making a button-hole-like opening in the female urethra, for the purpose of making a diagnosis and also for facilitating any operative procedure. In the second edition of his book he had entered into the subject at considerable length, but during the last two years he had given it very careful study. The method described he regarded as the only one within our knowledge which fulfilled every indication, was safe, simple, and within the scope of any one possessing the least degree of surgical dexterity. It was as follows: administer an anæsthetic, place the patient upon the left side, and use a moderate-sized Sim's speculum for bringing into full view the vaginal surface covering the urethral tract.

He had devised an instrument with which to make the opening into the urethra, but it had not yet been perfected to his satisfaction. It operated much on the plan of the ordinary scissors used for cutting button-holes. The operation could be readily performed by means of

tenaculum, knife, and straight-pointed scissors, with a block-tin sound, of size sufficient to place the tissues upon a moderate stretch, within the urethra. The opening should be made in the median line, forward to within one-fourth of an inch of the meatus, and backward nearly to the neck of the bladder. The neck of the bladder should never be involved in the incision. The line along the vaginal surface should be nearly one-third longer than the one through the urethral mucous membrane, and it was important that the chief difference should be at the end of the line from the neck of the bladder. If the opening was simply for exploration, it might be closed without delay, as in vesico-vaginal fistula. The advantages claimed for the method were that the whole of the canal could be fully exposed; that it was safe, and could be applied by any one possessing ordinary surgical dexterity; that, if properly performed, control over the urine will not in the slightest be impaired; that no difficulty has been experienced in closing the urethral opening afterward; and that no difference has been appreciated in the passage of the urine after the operation. It is not intended to supersede the formation of a vesico-vaginal fistula for the treatment of cystitis or removal of stone.

AFTERNOON SESSION.

"Notes on twenty-one cases of Extra-Uterine Pregnancy," by Dr. T. G. Thomas, of New York, was the first paper read. His experience from these cases caused him to formulate the following rules:—

First.—If the diagnosis be well settled before the fourth month of gestation, he would destroy the life of the fetus by electricity, in preference to all other methods.

Second.—Should the fourth month of gestation have passed and surgical interference be called for, laparotomy, or, with the tumor low down in the pelvis, elyototomy, should be preferred to electricity.

Third.—Should the pregnancy be abdominal, the practitioner might watch and wait until full term, and deliver by laparotomy or by elyototomy and the forceps, or manual delivery.

Fourth.—Should the full term be passed and the fetus be dead, wait and watch, and aid nature when she demonstrates the outlet by which she desires extrusion to be effected. If bad symptoms, under these circumstances, at any time develop, perform laparotomy, under strict antiseptic precautions.

Fifth.—Should rupture of the foetal nest have occurred before diagnosis have been fully made, wait and see whether nature is powerful enough to overcome shock, to control hemorrhage, and further, if the patient is going to escape the dangers of peritonitis and septicæmia. If these favorable results do not occur, if hemorrhage is about to destroy the patient immediately, or if septicæmia attacks her later, laparotomy, followed by antiseptic cleansing, should be promptly adopted.

"Electricity in Extra-Uterine Pregnancy." Dr. H. J. Garrigues, of New York, followed with a paper on this subject. He claimed that experience has proved electricity to be an efficacious and safe agent to arrest extra-uterine

pregnancy during the first three months, and perhaps after it has advanced into the fourth month. It seems to him probable that it may be useful at any period of foetal life.

Third Day.

The morning session was opened with a paper on "The Influence of High-heeled French Shoes upon the Female Form, and upon the Relations of the Pelvic Organs," by Dr. Samuel C. Bussey, of Washington, D. C. The paper was discussed by Drs. Barker and Thomas, of New York, who had been unable to trace any serious results, upon the pelvic organs, arising from wearing high-heeled shoes.

Dr. T. M. Drysdale, of Philadelphia, read a paper on "The Ovarian Corpuscle; its Origin and Characteristics." The author believes that the cell called "ovarian granular cell" is almost invariably found in the fluid of ovarian cysts; it is distinguished from other cells by its appearance and its behavior with acetic acid. It may be found in cysts in other parts of the body, but when found in this locality it is pathognomonic of ovarian disease. It differs from any other known granular cell found in this abdominal cavity.

This paper was prepared in answer to opposite views expressed by Dr. H. J. Garrigues, at the last meeting of the Society.

The discussion was opened by Mr. Thornton, of London, who thought there was not at present any basis to stand upon, concerning the origin of the ovarian cell, because of the very great difference of opinion, among expert observers, as to what a cell is, and how it grows. Although he had not devoted special attention to the subject for some time, he long ago reached the conclusion that the nucleus, perhaps, was the first, and not the last element; and that the cell was developed afterward. Of course that view struck at the basis of much that Dr. Drysdale had said, with regard to the origin of the cell in question. Whether it was called a cell or not, he had, long before Dr. Garrigues read his paper, concluded that it was a nucleus of a rapidly degenerating cell of the cyst membrane. With reference to the question of the action of reagents, upon which Dr. Drysdale relies so much, it seemed to him that the reaction, or rather the want of reaction, in his cell, was in favor of the view that it is a degenerating cell, and not, as he (Dr. Drysdale) seemed to think, an immature cell; because in immature, rapidly growing cell substances, protoplasms of embryonic character, there existed a special proneness to take on the action of staining and other agents. Concerning the question of diagnosis, he had some time ago reached the conclusion that the cell had no practical value—at least for himself.

Dr. Engelmann, of St. Louis, thought that the ovarian corpuscle was not unlike the syphilitic corpuscle in practical value and destination.

The discussion was closed by Dr. Drysdale, who said that he had quoted from the latest observations made by Carpenter, Max Schultze, and others, as to what constitutes a cell. As to regarding the body as a nucleus, he would have done so twenty years ago, but continued study had convinced him that it was a cell—an aborted,

epithelial cell. The fact that other gentlemen had not seen it, was no fault of his; and he himself had made serious mistakes concerning it, when he had not given fluids a sufficiently careful examination.

AFTERNOON SESSION.

"The Mechanical Therapeutics of Versions and Flexions of the Uterus," was the title of a paper by Dr. E. Van de Warker, of Syracuse.

Do pessaries accomplish what they are designed for? was the question Dr. Van de Warker asked, and its consideration from a purely mechanical standpoint constituted the basis of his paper. His opinion was that the uncertainty in the results obtained by the use of pessaries came (1) from expecting too much of the instrument, and (2) from selecting an imperfect agent for want of more clear ideas of the absolute limitations imposed upon the action of pessaries, and which must govern the mechanical results to be expected. Two things must be clearly defined: 1, the limits imposed by the uterus and its appendages upon the mechanical agencies acting upon it, and, 2, the action of the mechanical forces under these limitations. These limits, both in their mechanical and uterine relations, were fixed and absolute, and were not to be evaded by skill or ingenuity, and ought to be clearly understood. One was, however, reluctantly forced to conclude that the majority of pessaries were invented either in ignorance or defiance of these limits, and as if the only restriction upon their action was that of gravity.

The paper was illustrated by tracings made with the mercurial manometer, showing the movements of the uterus in respiration, forced respiration, coughing, speaking, walking, etc., and was also illustrated with wood-cuts.

The retiring President then made a few appropriate remarks, after which he introduced the President-elect, Dr. Gilman Kimball, of Lowell, Mass., who thanked the Society for the unexpected honor it had so generously conferred upon him.

After votes of thanks to the retiring officers, and to the gentlemen who had so cordially entertained the members and invited guests, the Society was declared adjourned, to meet in Philadelphia on the third Tuesday in September, 1883.

The following officers were elected for the ensuing year: *President*—Dr. Gillman Kimball, of Lowell, Mass. *Vice Presidents*—Dr. A. H. Smith, of Philadelphia, and Dr. Theophilus Parvin, of Indianapolis. *Council*—Drs. Byrne, of Brooklyn; Howard, of Baltimore; Jackson, of Chicago, and Campbell, of Augusta, Ga. *Secretary*—Dr. Frank P. Foster, of New York. *Treasurer*—Dr. Paul F. Mundé, of New York. *Active Members*—Dr. Matthew D. Mann, of Buffalo, N. Y., and Dr. W. H. Baker, of Boston. *Honorary Members*—Mr. Lawson Tait and Mr. J. Knowsley Thornton, of England.

The following papers were read by title: "A New Operation for Ruptured Perineum," by Dr. J. C. Warren, of Boston; "Measurements of the Uterine Cavity in Childbed," by Dr. W. L. Richardson, of Boston.

Canada Medical Association.

The fifteenth annual meeting of the Canada Medical Association was held in Toronto, Sept. 6th, 7th, and 8th; Dr. Fenwick presided. Dr. Graham, of Toronto, read the Address on Medicine. He considered that, from a medical point of view, the two most remarkable events of the past year were the "International Medical Congress," and Koch's experiments on Tubercle Bacilli. He strongly supports Koch's views.

Dr. W. B. Carpenter, the great English Physiologist, was elected an honorary member, and delivered an address on "Vital Statistics."

In the Medical Section, Dr. Oler, of Montreal, read a paper, "Echinococcus Disease in America." The disease seems to be uncommon in America. He could only find reported 9 cases in Canada, and 52 in the United States. It is very common in Iceland, where fully one-sixth of the dogs suffer from it. The ova are introduced into the system, chiefly by means of drinking water which has become contaminated with the excreta of dogs suffering from the disease. The treatment adopted in Iceland and Australia is either tapping or incision. Sometimes the disease is cured spontaneously, either by the bursting of the cyst and discharge of its contents through the bowels or lungs, or by the hardening of the walls of the cyst and the consequent death of its inhabitants.

In the evening Dr. Fenwick read an address, sketching the history of the Canada Medical Association.

Dr. Cameron read a paper on "Axis traction," in which he strongly recommended the use of the axis-traction forceps of Tarnier, which combine the advantages of the straight and double-curved forceps, without their disadvantages. The instrument is powerful and gives a firm grasp to the head, while the axis of the traction handle corresponds with the axis of the blades, so that the line of traction can always be in the line of pelvic axis, without pressing back or injuring the perineum.

Dr. Alloway read a paper on the "Treatment of Abortion." He considers the tampon inefficient, ergot injurious, the finger insufficient, and the placental forceps dangerous. To prevent septic poisoning, he always used a uterine scoop, of his own invention, which he exhibited.

Dr. Rodger, Montreal, said that while he disapproved of undue multiplicity and complication of instruments, he felt that the valuable assistance rendered by them should not be overlooked. He did not approve of the placental scoop which had been exhibited, and considered it dangerous and altogether unnecessary. He spoke in favor of the tampon and placental forceps in the treatment of abortion, and held that improper application of the tampon accounted for its frequent failure.

In the Surgical Section,

Dr. Roddick, Montreal, exhibited a patient who had suffered for many months from a very painful spasmodic contraction of the muscles of one side of the neck. The man was obliged to hold his head between his hands constantly. Dr. Roddick divided the muscles, but with only temporary effect; he then applied the actual cautery frequently to the back of the neck, with most sat-

isfactory result, as the man is now perfectly well.

Dr. Major, Montreal, read a paper on "Rest and Tracheotomy." He urged the importance of rest in all cases of disease of the larynx and throat, and condemned the use of gargles. He called attention to some points in the early diagnosis of laryngeal cancer, heretofore unnoticed, and suggested the use of gold instead of silver or any other metal or material for the tubes. As far as he knew, he was the first to recommend its use.

THURSDAY, SEPT. 7TH.

Dr. Shepherd, Montreal, read the Address on Surgery. After sketching recent progress, he took up the question of club-foot, and discussed the advisability of the early division of the tendo-achillis. Personally, he believes that this tendon should be spared until it had been found that the division of the other tendons was not sufficient to effect a reduction of the deformity.

Dr. Roddick, of Montreal, has not been favorably impressed with dry dressings. He has found moist antiseptic dressings superior to the dry in major operations, where drainage is necessary. He also believes in dividing the tendo-achillis at once, and rarely finds it necessary to divide any of the other tendons.

Dr. Workman, of Toronto, referred to a reported case of the successful use of whisky dressing.

Dr. Ferguson, Toronto, made a statement as to the strength of spray used by Dr. Keith in his later ovariectomies. He had employed a spray of 1 to 30, or even stronger, instead of 1 to 60 as recommended by Lister for cases of ovariectomy. Had he adhered to the weaker spray he would probably not have had evil results from it.

Dr. Stewart, Brucefield, mentioned that a well-known surgeon was obliged to give up the use of spray, on account of its invariably causing him to suffer from hematuria.

Dr. Tye, Thamesville, read the report on "Therapeutics." He referred to the dangers of hasty generalizations in therapeutics as well as surgery. The power of medicine is to increase or diminish the functions of tissues or organs, not to change the character of those functions. He dwelt on the use of electricity in anæsthesia, asthenia and suppressed menstruation, and described the effects of the different currents, the magneto-electric, galvanic and frictional, in the treatment of different diseases. The therapeutic effects of some newly-introduced drugs were considered, nitro-glycerine among others. He remarked that, although a large number of new pharmaceutical preparations had been introduced, it was questionable whether some of them were not more advantageous to the manufacturer than the patient.

Dr. Harrison, of Seekirk, read a paper on "A Peculiar Form of Fever," which was sometimes remittent, subsiding occasionally for a few days, and then commencing again. Quinine had no effect, neither did any other form of treatment. Dr. Riddell, of Toronto, thought this was a kind of malarial fever, peculiar to Canada, partaking of the characters of cerebro-spinal meningitis.

Dr. Stewart Brucefield read a paper on "Three Cases of Sciatica and One of Painful Stump,

Treated by Stretching the Sciatic Nerve." In some cases, where the operation proved fatal, death was distinctly attributable to the use of chloroform. Either should always be administered in these cases instead of chloroform. The statistics of the operation are very favorable; 97 per cent. of all cases so treated are either entirely cured or else greatly relieved.

Dr. Prevost, Ottawa, read a paper on "Tumor of Bones of Skull Pressing on Brain." There was an aperture in the frontal bone. The skin covering the tumor was of normal color. The patient's intellect did not appear to be much affected, but he seemed drowsy and dull. He walked slowly, and his memory was impaired. After entering hospital he gradually fell into a state of indifference, which was followed by coma and death. The autopsy showed that the tumor originated in the bone. He exhibited the specimen.

Dr. Cameron, Toronto, exhibited a boy who was being treated for pseudo-hypertrophic muscular paralysis. The treatment consisted of cod-liver oil, syr. fer. iodid., arsenic and galvanism. The boy showed the peculiarity of his movements in going up stairs, and in rising off his back.

Dr. H. P. Wright, Ottawa, read a paper on "Phantom Pregnancy." In the case reported the tumor was situated on the left side, and developed in such a way as to produce in the mind of the patient the idea of pregnancy. The movements of the tumor closely resembled those of a living fetus in utero. Chloroform was administered and the tumor disappeared, and the patient is now quite well, able to attend to her ordinary duties. Such cases are found chiefly among women subject to undue exertion, spinal irritability and menstrual irregularities.

Dr. Ellis described the chemical composition of milk of cows fed on distillery refuse. He had made an analysis of the milk of cows fed on different kinds of food. The mean of the solids in the milk of distillery cows he had found to be 14.64; of other cows 12.82. The amount of fat in distillery cows' milk is greater than in others, the minimum of the former being equal to the average of the latter. The caseine, sugar and ash ingredients are much the same in both. The principal difference is in the greater amount of fat in the milk of distillery cows. The distillery refuse, on examination, was found to consist of grain with the saccharine matter removed. The fat and albumen remained, together with a small quantity of alcohol, as small as distillers can make it. He could not say whether this food produced any morbid condition in the cows.

In the Surgical Section, Dr. Falton, Toronto, read a paper on "Polypoid Fibroma of the Bladder in a Child." He says that cystotomy is the only rational method of treating these growths, though a small double-eyed catheter might be used in the case of small growths.

Dr. Ferguson, Toronto, reported three cases of eczema successfully treated with *viola tricolor* internally, and guinea baths locally.

Dr. Goodwillie, of New York, in the course of a paper on "A New Operation for Closure of Harelip and the Hard Palate, immediately after Birth," said that he operated immediately

at birth, and closed the cleft of the hard palate by forcing together the side bones of the mouth, saving all the hard and soft tissues, thus restoring the natural appearance. The nose, which is turned to one side, is straightened and the hare-lip closed. When the operation is completed, the external appearance of the nose, lip and mouth is natural.

Dr. Fenwick, of Montreal, in a paper on "Excision of the Knee," stated that out of 28 cases, 22 recovered with useful limbs, and in only two cases was subsequent amputation necessary.

SEPTEMBER 8TH.

The last day's session was occupied with the discussion of sanitary matters.

ELECTION OF OFFICERS.

The nominating Committee brought in a report recommending the election of the following officers for the ensuing year:—

President—Dr. Mullen, Hamilton.
Vice-Presidents: for Ontario, Dr. Tye, Chatham; for Quebec, Dr. Gibson, Cowansville; for New Brunswick, Dr. Atherton, Fredericton; for Nova Scotia, Dr. Jennings, Halifax; for Manitoba, Dr. Kerr, Winnipeg.
General Secretary—Dr. Osler, Montreal.
Treasurer—Dr. Robillard, of Montreal.
Next place of meeting, Kingston.

Association of Medical Officers of American Institutions for Idiotic and Feeble-minded Persons.

The seventh annual session was held at the Pennsylvania Institution for Feeble-minded Children, Elwyn, Penna., commencing Tuesday, October 3, 1882, at 8 P. M., and continued for three days.

The following papers were presented and discussed:—

1. The "Mathematical Idiot," by Dr. Geo. Brown, Barre, Mass.
2. "Cerebral Localization, Chiefly with Reference to Idiocy," by Dr. C. K. Mills, Philadelphia, Penna.
3. "The Practicability of Instructing Feeble-minded Children in the Various Industries," by Dr. John A. Stewart, Frankfort, Ky.
4. "The Relation of the State to its Charities," by Dr. H. M. Greene, Lawrence, Kan.
5. "Account of a Visit to the Four English Asylums—Earlswood, Darenth, Normans-fels, Lancaster," by Mrs. C. W. Brown, Barre, Mass.
6. "The Organization and Methods of Institutions for Idiots," etc., by Dr. H. B. Wilbur, Syracuse, N. Y.
7. "The Medical Treatment of Idiots and Imbeciles," by Dr. Wm. B. Fish, Elwyn, Pa.
8. "A Few Points in Embryology," with photo-micrograph illustrations, by Prof. W. Hales, Jr., Albany, N. Y.

The following reports were also made:—

- "The Protection of Institutions against Accidental Fire," by Dr. C. S. Wilbur.
- "On Bibliography of Idiocy," etc., Dr. H. B. Wilbur, chairman.
- "On Statistical Records," Dr. G. A. Doren, chairman.

"On Causation of Idiocy," etc. Superintendents reporting illustrations from cases received into institution for past year.

"Clinical or Historical Reports of Special Cases."

The meeting passed off with great satisfaction to the members present. On the opening evening a reception was tendered the Association, by the board of Directors of the Pennsylvania Institution, which was largely attended, and the guests were hospitably entertained by the superintendent, Dr. Isaac N. Kerlin. An inspection of the Institution impressed all present with its admirable management and the excellent results obtained by the system of education there employed.

Saratoga Waters.

The extraordinary richness of Saratoga and its vicinity in natural mineral waters, is an interesting geological fact and an important one medically. The variety is so great that some one can be found of use in almost any chronic diseased condition. What is singular, exploration reveals waters of constantly diversified character. One of the most efficient of all, the Hathorn spring, was discovered as late as 1868. It is a saline, alkaline water, of very positive therapeutic action, something like the old Congress water, but more efficient. It is believed to contain some lithia, and the reports of its action by medical observers entitle it to rank high among our native medicinal beverages.

Peculiarities of Disease in Egypt.

The *Lancet*, in commenting upon the peculiarities of diseases noticed in Egypt by Baron Larrey during Napoleon's campaigns, 1798-1801, says: Another interesting observation of Larrey's is the occurrence of atrophy of the testicles in many of the soldiers of the army of Egypt, in the year 1799, who noticed, after their return to France, a gradual, painless wasting of these glands, accompanied, when both glands were involved, by the loss of all sexual desire and power. This occurred quite apart from any previous venereal disease. In most cases only one testicle was affected. This atrophy was accompanied by other signs of disease—wasting and debility of the lower limbs, failure of digestive power, discoloration of the face, thinning of the beard, and intellectual derangement. Larrey attributes the atrophy to the effects of great heat combined with fatigue and privations, and especially to the use of eau de vie, prepared from dates, to which the fruits of Solanaceæ were added. When the atrophy was only commencing it might be prevented by vapor baths, dry frictions, stomachics, and good food.

In regard to syphilis, he states that he found the disease to be mild and very easily cured in Egypt, but all forms of inunction were harmful; and if patients returned to France with the disease still uncured it became very intractable.

He observed, with interest, that although dogs abounded in the Egyptian cities, there was no hydrophobia among them. Camels, however, suffered from a form of madness during the time of

rut, and bites from them in this state were dangerous, but the disease was not contagious. The symptoms were the escape of an abundant thick saliva, constant bellowing, horror of water, wasting, fever, falling of the hair, and bad temper, which showed itself by their pursuing men and other animals. If excited, the symptoms increased, and often ended fatally. Horses were subject to ophthalmia, like the men, but this could be prevented by shutting up the stables during the cold, damp nights.

Naval Museum of Hygiene.

The Bureau of Medicine and Surgery, United States Navy, is about to establish a naval Museum of Hygiene. The plan proposed comprehends a collection that shall be illustrative of the entire range of sanitary science, the establishment of a course of lectures by authoritative sanitarians from all sections of the country, and a library of sanitary science accessible, under proper restrictions and guarantees, to all who are engaged in the study of this branch of knowledge. This library already numbers many of the standard sanitary works in the English, French and German languages, and is constantly increasing. It is an admirable undertaking, and we doubt not will be heartily welcomed by both the staff and the profession at large.

Dress Reform.

We note, from the *Lancet*, that the sum of \$750 is offered to the Rational Dress Society, to defray the expenses of an Exhibition of Rational Dress, to be held in London during the coming winter. A Prize of \$150 will be given for the dress which best accords with the following requirements: 1. Freedom of movement. 2. Absence of pressure over any part of the body. 3. No more weight than is necessary for warmth, and both weight and warmth evenly distributed. 4. Beauty and grace combined with comfort and convenience. 5. Not departing too conspicuously from women's ordinary dress.

Lectures on Dermatology.

Dr. Bulkley will give a sixth course of lectures on diseases of the skin, in the Pathological amphitheatre of the New York Hospital, 7 West 15th street, Wednesday afternoons, from 2.30 to 3.30 o'clock, commencing Wednesday, October 11th, 1882. The course will consist of twenty-four lectures, and will be free to practitioners of medicine and medical students.

Prize Question.

The College of Physicians of this city offers the sum of Twenty-five dollars, or a gold medal, to be awarded at the first meeting in April, for the best pathological report, with or without specimens, read before April 1st, 1883, by any member of the Society who, at the time of presentation, shall hold the position of Resident in a hospital.

Items.

—Dr. Launderer reports a case in which a woman poisoned a boy, fifteen years of age, by introducing matches into his rectum. He died in great agony the same night.

—The verdict of the coroner's jury at Tunbridge Wells, on the death of a child, was: "The child was suffocated, but there is no evidence to show that the suffocation was before or after death."

—At an inquest held by Mr. Carter, East Surrey, on a man, aged 40, who had been found dead in a loft in Newington, the jury found "That the deceased died from natural decay, caused by his own negligence."

—A physician falls into a fit while making a round of visits, and is carried into a drug store.

"Send for Dr. X—," says somebody.

"No, no, not for him," says the dying man feebly, at the mention of his rival's name; "if he brought me around it would advertise him! I prefer to die."

—Dr. Septimus Gibbon, the Medical Officer of Health for the Holborn district (England) in his recently published annual report, draws distinct attention to the loss of infantile life due to constitutional syphilis. Dr. Gibbon says that this "is a leprosy which entails far worse consequences on the public health than all other preventable diseases put together."

OBITUARY NOTICES.

DR. J. S. SMITH.

Dr. J. S. Smith died at South Solon, Ohio, Monday, August 21, aged 31 years and 6 months. Dr. Smith was born in Washington Co., Pennsylvania, Feb. 10, 1851. In 1874, he was married to Miss Hannah Connatt, a young lady of highly respectable parentage. He studied at the Ohio Medical College, Cincinnati, and graduated in 1877. In a short time he removed to South Solon, Madison Co., O., where he had an extensive practice.

SURGEON GEORGE P. JAQUETTE, U. S. A.

Surgeon George P. Jaquette, United States Army, with the rank of major, died recently, in New York, of aneurism of the aorta. Surgeon Jaquette was born in New Jersey and appointed Assistant Surgeon in the army, from that State, on October 23, 1861. He was promoted to the rank of captain in the Medical Department on July 28, 1866, and to that of surgeon, with rank of major, on May 14, 1880. He had been ill nearly a year.

MARRIAGES.

HESTERLY—SCOTT.—In Shreveport, La., at the residence of the bride's father, Dr. J. J. Scott, Wednesday, September 20th, 1882, by Rev. W. C. Dunlap, Dr. F. P. Hesterly, of Fulton, Arkansas, and Miss Lena B. Scott, of Shreveport, La.

WATERWORTH—BOONE.—At the home of the bride's father, Mr. J. Boone, Salem, O., September 13th, 1882, by Rev. H. B. Fry, Dr. William Waterworth, of Brooklyn, N. Y., and Miss Mary Boone, of her former place.